DOCUMENT RESUME

ED 064 825 EC 042 412

AUTHOR	Wieters, Wade C., Ed.
TITLE	A Manual for the Training of Paraprofessional Workers in Mental Retardation.
INSTITUTION	South Carolina State Dept. of Mental Retardation, Columbia.
PUB DATE	72
CONTRACT	OEC-71-014-005; OEC-72-014-005
NOTE	193p.
EDRS PRICE	MF-$0.65 HC-$6.58
DESCRIPTORS	*Curriculum Guides; *Educational Programs; *Exceptional Child Education; *Mentally Handicapped; *Nonprofessional Personnel; Services

ABSTRACT

The manual describes an instructional program for the training of workers for employment in paraprofessional service areas of mental retardation. Instructional materials presented are said to require 90 hours presentation time. The materials are organized into 12 instructional units ranging in content from brief pre- and post-program overviews to lengthy and detailed presentations on certain technical aspects of mental retardation. Unit titles are program orientation, communication skills, growth and development in normal and retarded children, counseling and guidance services, educational and training services, cottage practices in institutions, physical and occupational therapy services, medical services, speech and hearing services, the institution and the community, supervisory skills and practices, and program summary. Generally found for each area are self-explanatory overview statements, instructional purposes and objectives, and content outlines. Approximate presentation times for major content areas in the units are noted. Materials that can be used for distribution to trainees follow many of the units. Eight tests on instructional content and trainee attitude are also provided. Practical guidelines on training methods are given throughout the units. (CB)

ED 064825

A Manual for the Training of Paraprofessional Workers in Mental Retardation

EC 042 412

Edited by Wade C. Wieters

SOUTH CAROLINA DEPARTMENT OF MENTAL RETARDATION
WHITTEN VILLAGE DIVISION, IN CONJUNCTION WITH
PRESBYTERIAN COLLEGE

1972

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A MANUAL FOR THE TRAINING OF PARAPROFESSIONAL WORKERS IN MENTAL RETARDATION

Edited by Wade C. Wieters

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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South Carolina Department of Mental Retardation,
Whitten Village Division, in conjunction with
Presyterian College

1972

ACKNOWLEDGEMENTS

Especially significant contributions to the producing of this manual were made by Dr. W. Fred Chapman, Jr., Academic Dean of Presbyterian College; Dr. Roy B. Suber, Superintendent of Whitten Village; Mr. John J. Powers, Coordinator of Title I Programs in South Carolina; and Mr. F. Vinton Smith, Jr., Head of the Education Department at Whitten Village. The aid and encouragement of Dr. Chapman, Dr. Suber, and Mr. Powers provided the base for a particularly cooperative union of private, state, and federal support for activities leading to this manual. Mr. Smith served as assistant director to this editor in the two projects in which the manual was developed and pilot tested. His contributions were numerous and are much appreciated.

The development of the manual was the result of a staff effort over a lengthy period of time. To each member, a special note of appreciation is extended for giving much talent and many hours to the devising of the program of instruction contained in the manual.

Mrs. Jo Brown, whose secretarial skills were already locally legendary, is given final acknowledgement. Her ability to translate strange markings on yellow pieces of paper into the form found herein was remarkable.

August 1, 1972

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INTRODUCTION TO THE MANUAL

INTRODUCTION

The manual outlines an instructional program for the training of workers for employment in paraprofessional service areas of mental retardation. The program was developed, and is being disseminated, under contract provisions of Title I, HEA (1965) grants awarded Presbyterian College. Contract numbers were OE 71-014-005 and OE 72-014-005. The specific awarding agency was the Title I State Implementing Agency, College of General Studies, University of South Carolina.

These grants, covering the periods FY 1971 and FY 1972, specified that Presbyterian College produce 110 paraprofessional workers in mental retardation through a series of short-term training programs conducted in cooperation with Whitten Village, a state institution for the mentally retarded and a division of the South Carolina Department of Mental Retardation. Two procedures were devised for this purpose: instruction in technical and practical aspects of mental retardation and supervised work experience with the mentally retarded. Materials in the manual were those used in the first of these procedures.

Scope and Content

Instructional materials requiring 90 hours presentation time are contained in the manual. These materials are organized into 12 instructional units. Units range in content from brief pre- and post-program overviews to lengthy and detailed presentations on certain technical aspects of mental retardation. Table 1 summarizes the program in terms of unit numbers, titles, and hours of instructional time. The sequencing of units into the indicated order is based on field use and reflects an attempt to have

Table 1

Summary of the Program of Instruction

Number	Unit Title	Hours
1	Program Orientation	2
2	Communication Skills	6
3	Growth and Development in Normal and Retarded Children	8
4	Counseling and Guidance Services	4
5	Educational and Training Services for the Mentally Retarded	24
6	Cottage Practices in Institutions for the Mentally Retarded	8
7	Physical and Occupational Therapy Services for the Mentally Retarded	6
8	Medical Services for the Mentally Retarded	4
9	Speech and Hearing Services for the Mentally Retarded	4
10	The Institution and the Community	12
11	Supervisory Skills and Practices	8
12	Program Summary and Conclusion	4

instruction in the various content areas proceed from general to specific and from observable to abstract topics in mental retardation. The second unit, Communication Skills, may appear to be somewhat incongruously included in a program for training paraprofessional workers. It was found, however, to be important and ever necessary for training purposes. The unit permitted not only obvious skills to be acquired but, perhaps more importantly, tended to foster a group identity and greater receptiveness to the training process among trainees.

Largely self-explanatory overview statements, instructional purposes and objectives, and content outlines are found for each unit in the manual. In addition, approximate presentation times for major content areas within each unit are given. Materials for distribution to trainees follow the majority of units. Handout materials are keyed to content outlines in terms of appropriate distribution points. Eight tests of instructional content and trainee attitude are also presented in the manual. The use of these tests is described in the section below.

Suggestions for Use

Suggestions below stem from the operation of the program by Presbyterian College and Whitten Village. The program has been notably successful under local training conditions and procedures. Still, other procedural approaches are certainly possible, and these suggestions may be viewed as guidelines to either replication or to experimental use of the original procedures.

Training staff. A staff of over 40 members was recruited from among Presbyterian College and Whitten Village employees. Criteria for selection included formal training in mental retardation or allied fields, substantial practical experience with the mentally retarded, and expertise in topics being

presented in the program. It is suggested that the staff be organized according to assigned functions into three groups: administration, instruction, and evaluation. Functions of the administrative group typically include supervision of the program, maintenance of records, ordering of instructional supplies, and other usual managerial tasks. Within the instructional group, it was found helpful in the original program to assign selected staff members coordinating duties. An instructional coordinator should be present at all sessions pertaining to an assigned unit, charged with maintaining instructional continuity, scheduling instructional equipment, and aiding in any required revision of the unit's content. The third staff group, evaluation, has as primary functions the administering and scoring of tests and the periodic rating of trainee performance in work situations with the mentally retarded. The suggestion of a highly structured staff organization may seem somewhat unnecessary. However, in the original program such structure was necessary due to a large number of short-term instructors, desire for consistent and adequate measurement, and the need to maintain instructional continuity in a program being operated by a staff under considerable other demands for time and performance. This staff is listed in Appendix A.

Training schedule, methods, and materials. The program consists of 90 hours of instruction. A total of six hours training per week may be scheduled at the rate of three weekly sessions of two hours each. Fifteen weeks are thus required to present the program of instruction. Instructional methods range from conventional lecture and discussion to participation by trainees in appropriate practical activities. Additional suggestions on training methods are given in the unit outlines. A number of handout materials, devised to illustrate aspects of the program, are included in the manual. Also,

several texts may be purchased for distribution to trainees to augment information presented in the program. A list of materials purchased in the Presbyterian College-Whitten Village pilot program is found in Appendix B.

Selection of trainees. The target population is potential workers in mental retardation who have received no prior training in the field and who have completed approximately grades 8 through 12. However, the program has been successful with trainees outside of this grade range. The program may be used with trainees with a variety of subprofessional occupational goals within mental retardation, including employment in institutions, community workshops, and public and private school settings.

Evaluation. Tests are found in the manual following 10 of the 12 units. Form and content of the tests reflect an attempt to devise methods of gathering quantitative data on attitude and knowledge status during the program and yet avoid probable confounding of results in testing among the trainee population. For example, tests are labeled surveys or questionnaires throughout the manual and items are not as content-oriented as might seem warranted. Tests may be used to gather both pre- and post-presentation data on consequential blocks of instruction. Only one test exists in two forms: The Pre-Course Questionnaire and The Post-Course Questionnaire. Otherwise, identical tests are administered twice at different points in the instructional program in order to obtain comparative data. A schedule for the administration of tests is presented in Table 2.

Limitations

The program outlined in the manual has been in continuous use since April 1971 by Presbyterian College and Whitten Village. Through revision and refinement, the program has evolved into a successful and practical one for

Table 2

Schedule for Test Administration

Unit Number	Test Administered[a]	Reference for Interpretation
1	Pre-Course Questionnaire	Pretest for Course
2	None	
3	Survey for Units III and IV	Pretest for Units 3 and 4
4	Survey for Units III and IV	Posttest for Units 3 and 4
5	Survey for Unit V	Pre- and Posttest for Unit 5
6	Survey for Unit VI	Pre- and Posttest for Unit 6
7	Survey for Units VII, VIII, and IX	Pretest for Units 7, 8, and 9
8	None	
9	Survey for Units VII, VIII, and IX	Posttest for Units 7, 8, and 9
10	Survey for Unit X	Pre- and Posttest for Unit 10
11	Survey for Unit XI	Pre- and Posttest for Unit 11
12	Post-Course Questionnaire	Posttest for Course

[a]Tests are found in the manual following handouts in the indicated units

local purposes. Several factors have contributed to such success, but these factors may constitute limitations for outside agencies in the use of the program. First, Presbyterian College has a history of interest and participation in community and state affairs, and faculty involved in the program received considerable encouragement and aid from the College's administration and other faculty. Second, Whitten Village, located less than two miles from the Presbyterian College campus, is a progressive institution for the mentally retarded serving more than 2800 residents with a staff of 1200 personnel. The Village was an ideal laboratory for the study of mental retardation, a laboratory which would be difficult to locate elsewhere. Also, the program was received and supported enthusiastically by Whitten Village officials and employees throughout its operation. Third, the training staff was of superb quality. The program was able to recruit staff members from both participating institutions who were no less than expert in a given topic covered in the program. Fourth, close cooperation among the private, state, and federal agencies involved in the program characterized its operation from the onset. There simply were no problems in coordination of effort, agreement on goals and procedures, or use of operating funds.

PROGRAM OF INSTRUCTION

UNIT I

PROGRAM ORIENTATION

I. PROGRAM ORIENTATION: 2 hours

Overview: Instructors present information on the scope and content of the program, on the background of staff members, and on the physical facilities and program areas of the training site in an attempt to provide trainees an overall orientation to the program. In this orientation, lecture, discussion, and question and answer methods of instruction are used. Instructional aids include a map of the training site and appropriate sections of the training manual.

Purpose: To provide trainees with an overall orientation to the training site, objectives, and procedures.

Objectives: By the end of instruction, trainees are expected to be able to demonstrate knowledge of the:

1. scope, content, and training methods of the program
2. physical facilities and service areas of the training site

Content:

20 min. 1. Pre-Course Questionnaire

20 min. 2. Scope of Program
   a. need for paraprofessional training in mental retardation
   b. training objectives
   c. training procedures

15 min. 3. Overview of Program Content

15 min. 4. Description of Instructional Staff
   a. people and positions
   b. reasons for selection

20 min. 5. Description of the Training Site
   a. facilities
   b. services areas

30 min. 6. Program Areas at the Training Site
   a. administration-oriented programs
      (1) treasurer
      (2) business office
      (3) personnel
      (4) central records
      (5) superintendent

b. resident-oriented programs
   (1) cottage services
   (2) medical services
   (3) educational services
   (4) social services
   (5) psychological services
   (6) volunteer services
   (7) in-service training
   (8) leisure time activities
   (9) recreational services
   (10) work activity center
   (11) vocational education
c. physical plant-oriented programs
   (1) food service
   (2) maintenance
   (3) grounds maintenance
   (4) fire and safety
   (5) dairy and farm

PRE-COURSE QUESTIONNAIRE

Paraprofessional Training Program in Mental Retardation

Directions: You are being asked the following questions to find out what you would like to learn in the program and how you would like for the training to be carried out. There are no right or wrong answers, so answer the questions in the way you feel they should be answered. No names, please.

Check One		
YES	NO	DO NOT KNOW

1. I think classroom demonstrations should often be used for learning.
2. People have a tendency to expect retarded children to learn more than they are capable of.
3. I would like to gain a clearer understanding of the possibilities for advancement in the field of retardation.
4. To get the most out of the program, participants should ask questions.
5. I would like to find out more about how retarded children learn.
6. I expect this program to increase my chances for getting a better job.
7. I would like to gain a clearer understanding of my own interests and abilities in the field of retardation.
8. I prefer hearing many different instructors speak, rather than having the same speaker all the time.
9. I would like to find out what to expect from retarded children.
10. The instructors should understand the real day-to-day problems of working with retarded children.
11. I would like to learn more about the possibilities for further professional training.
12. The major learning experiences of this program should take place on the job, rather than in the classroom.
13. I would like to learn some important supervisory skills which might help me in the future.

YES	NO	DO NOT KNOW

14. I am most interested in facts which would relate directly to my work with the mentally retarded.

15. I expect to improve my ability to work with retarded children by attending this program.

16. I would like to learn about the causes of retardation.

17. I think the instructors should do most of the talking.

18. My friends would like an opportunity to attend a program like this one.

19. I have a difficult time making myself understood when I talk with people I work with.

20. After the program, I would like to work as a teacher's aide in a public school classroom for the mentally retarded.

21. The training program should last longer than just four months.

22. Tests should be given often to see how well I learn what I am supposed to.

23. Just the right number of people are in the class.

24. I would rather work in an institution for the retarded than in a small program in some city.

25. I am really glad to be in the program.

UNIT II

COMMUNICATION SKILLS

II. COMMUNICATION SKILLS: 6 hours

Overview: This unit is designed to foster an increase in communication skills by the trainees and to encourage a group identity and cohesiveness for the remaining activities of the program. It is especially oriented toward two areas in communication: identifying and acknowledging emotional elements and distinguishing between emotional and rational elements in oral communication. Instruction revolves around the content of the Basic Interpersonal Relations Kit (Human Development Institute, 1971). Five programmed booklets contain information on principles of conversation, relevant questions and exercises, and guidelines to analyzing conversation and conversational dynamics. The first three booklets are used in the unit, with one booklet for every four participants. Additional instructional methods include large and small group discussion and the use of handouts.

Purpose: To provide for the facilitation of verbal communication, especially that which includes emotional and cognitive content.

Objectives: Trainees will be able to:

1. discriminate between cognitive and emotive content of verbal communication

2. reflect and present verbal communication with the cognitive and emotive elements identified clearly separated

Content:

30 min. 1. Orientation to Communications Problems

1 hr. 2. Principle of Acceptance of Feelings and Discrimination of Positive and Negative Elements: Booklet I
   a. effects of giving advice
   b. effects of moral or emotional reassurance
   c. effects of embarrassing the speaker
   d. effects of verbal identification of feelings
   e. effects of specifying the strength of an emotion
   f. unpleasant aspects of negative emotions
   g. pleasant aspects of positive emotions
   h. exercise on accepting feelings (see Handout 1)

45 min. 3. Group Analysis of Taped Communications

1 hr. 4. Difference Between Emotional and Cognitive Content of Communication
   a. using emotional statements for expressing sensations, emotions, intuitions
   b. use of rational and ethical statements in expressing feelings
   c. use of cognitive referents in expressing feelings
   d. clues to content (see Handout 2)

1 hr. 5. Ways of Accepting and Rejecting Feelings in Communication: Booklet II
   a. accepting by verbal identification
   b. rejecting by denial
   c. exercise on judging acceptance and non-acceptance (see Handout 3)

1 hr. 6. Times to Show and Hide Feelings in Communication: Booklet III
   a. effects of hiding feeling
   b. effects of disowning threats and rationalization
   c. using relationships of trust in expressing feelings

45 min. 7. Review and Discussion of Principles (see Handout 4)

EXERCISE ON ACCEPTING EMOTIONAL STATEMENTS

SELECT THE CORRECT ANSWER

1. You show acceptance of another person's feelings by

   A. giving him helpful advice about the source of what he has expressed

   B. reassuring the person, by giving him emotional support, confidence in himself.

   C. showing him that he has a perfect right to feel the way that he feels

   D. identifying his feelings using an emotion word or phrase

2. You show acceptance of another person's feelings if you make the person

   A. feel ashamed that he said what he did to you.

   B. aware that you know what he is feeling.

   C. appear to himself as having said something foolish.

   D. seem inferior to you.

3. Use your own words and your answers to complete the following:

   To "show acceptance" of another person's feelings means to....

   without making the person wish that he had kept his feelings....

4. On the other side of this sheet write out 4 statements of feelings.

   #1 Should be an expression of a positive emotion which you might express to a fellow worker on this staff.

   #2 Should be the expression of a negative emotion which you might express to a fellow worker on this staff.

   #3 Should be the expression of a positive emotion which you might expect to hear from one of your students.

   #4 Should be the expression of a negative emotion which you might expect to hear from one of your students.

5. Write out the perfect response to each of these 4 statements, checking to be sure that they meet all the criteria of your definition given in #3 above.

IMPORTANT VERBS WE USE IN COMMUNICATION

Each of the following verbs is used and often misused in communication. The following exercise has been developed to help you use these verbs better and improve your communication.

Directions:

Step 1 - Below is printed the start of six sentences. Each sentence begins with "I" and a verb. You are to complete each sentence twice saying something that is typical for you, being careful to be sure the verb has an object (a noun, a word which tells what) which you will underline in each case. Here is an illustration:

RIGHT - I sing beautiful songs in the bathtub.
↑ verb ↑ object; tells what

WRONG - I sing beautifully every day.
↑ verb ↑ Not an object; doesn't tell what, but how and when

I think ...

I think...

I believe...

I believe...

I feel...

I feel...

I know...

I know...

I interpret (perceive)..

I interpret (perceive)...

I predict...

I predict...

Be sure to underline your objects before going to page 2.

Step 2 - Complete the following sentences using the material from your first page. Here is an illustration:

(Page 1) I speak messages of information.
I speak lectures to my class.

(Page 2) The class or types of things I speak are: information, ideas, feelings.

Do this for each of the verbs now. Try to have each verb do something different.

The class or types of things I think are:

The class or types of things I believe are:

The class or types of things I feel are:

The class or types of things I know are:

The class or types of things I interpret are:

The class or types of things I predict are:

Step 3 - Which of the 6 verbs do you most use and substitute for others?

(Try substituting each verb in other sentences to work this out). The verb I most often interchange for others is_____.

Step 4 - Write the other 5 verbs here. Which of these most covers or includes the others?

CONSERVATION EVALUATION FORM

FEELINGS ACCEPTED BY:	STATEMENTS							
1. naming it								
2. "reflecting" a non-feeling statement								
3. using the word "you"								
FEELINGS REJECTED BY:								
1. Agreeing with the idea								
2. "Fixing up" the feeling								
3. Giving easy advice								
4. Overstrong agreement with the feeling								
5. Using the term "I" not "you"								
6. Giving reassurance								
7. Interpreting possible reasons for feelings.								

REVIEW OF COMMUNICATION PRINCIPLES

_____ 1. It is never wrong to have a feeling. (True or False)

_____ 2. People can have feelings and not be consciously aware what those feelings are. (True or False)

_____ 3. When a person is aware of a feeling and expresses it by name to another person we call it _____ a feeling.

_____ 4. Generally speaking, most people tend to hide their feelings from each other more than they need to. (True or False)

_____ 5. When you are threatened by what someone has said to you and you say something which attacks him (such as questioning his honesty), he is most likely to respond to you by
   A. sympathizing with your feelings
   B. returning your attack
   C. becoming confused

_____ 6. The golden rule of interpersonal relations is, "Always express your feelings regardless of the situation." (True or False)

_____ 7. Who is disowning his feeling of anxiety? (Two answers)
   A. Al, "I am very frightened."
   B. Bill, "This is a very interesting experience."
   C. Cal, "Help!"
   D. Doug, "This is enough to upset a person."

_____ 8. Who is expressing a feeling in a way that she can deny it easily if someone else is upset by her statement?
   A. Alice, "How fascinating!"
   B. Betty, "I'm overjoyed."
   C. Carol, "This is the kind of situation which might make a person rejoice."

_____ 9. If we are threatened we should normally acknowledge our feeling first. That tends to permit the reduction of emotion first and should lead to a better resolution of the conflict. (True or False)

_____ 10. Who is expressing a "veiled" threat?
   A. Al, "You are very mean."
   B. Bill, "That was not a pleasant thing to do."
   C. Cal, "What you did is enough to make a preacher swear."

_____ 11. This test makes me (A) threatened (B) bored (C) nothin'

_____ 12. Because of this test I (A) paid closer attention (B) acted the same (C) ignored my group experience.

UNIT III

GROWTH AND DEVELOPMENT IN NORMAL AND RETARDED CHILDREN

III. GROWTH AND DEVELOPMENT IN NORMAL AND RETARDED CHILDREN: 8 hours

Overview: The years of birth through 16 are examined in terms of normal developmental stages. Maturational processes are illustrated by handouts and discussed in lectures. The concept of deviation is examined in terms of social and educational implications, followed by presentations on developmental factors in mental retardation. Information emphasizing the recognition of the retardate's needs and common frustrations is presented. Case studies are used to illustrate the usefulness of clues to maladaptive behavior. Finally, an examination of the trainee's attitudes and expectations for the retarded is made. Instructional methods include lectures, discussion, and handouts.

Purpose: To present information on principles of human growth and development sufficient to permit trainees to distinguish between normal and mentally retarded children.

Objectives: Trainees will be expected to:

1. distinguish between normal and retarded children in growth and developmental patterns
2. demonstrate an understanding of psychological and cultural etiological factors in mental retardation
3. demonstrate an understanding of the employee's role in the management of the mentally retarded

Content:

10 min. 1. Pre-test for Units on Psychological Principles and Practices

1 hr. 2. Concept of Development
   a. meaning of development
   b. phases of development (see Handout 1)
   c. physical, intellectual, social and emotional growth correlates (see Handout 2)

50 min. 3. Concept of Normalcy
   a. social-cultural implications (see Handout 3)
   b. community expectations
   c. goals of normal development

1 hr. 4. Deviations in Development
   a. mental age and intelligence test scores (see Handout 4)
   b. physical deviance
   c. emotional instability
   d. social inadequacy

1 hr. 5. Behaviorally Defining Mental Retardation
   a. traditional definitions (see Handouts 5 and 6)
   b. test result approaches to definition (see Handout 7)
   c. developmental approaches to definition (see Handouts 8 and 9)
   d. behavioral approaches to definition
   e. differentiation from other disorders
   f. cultural factors in identification

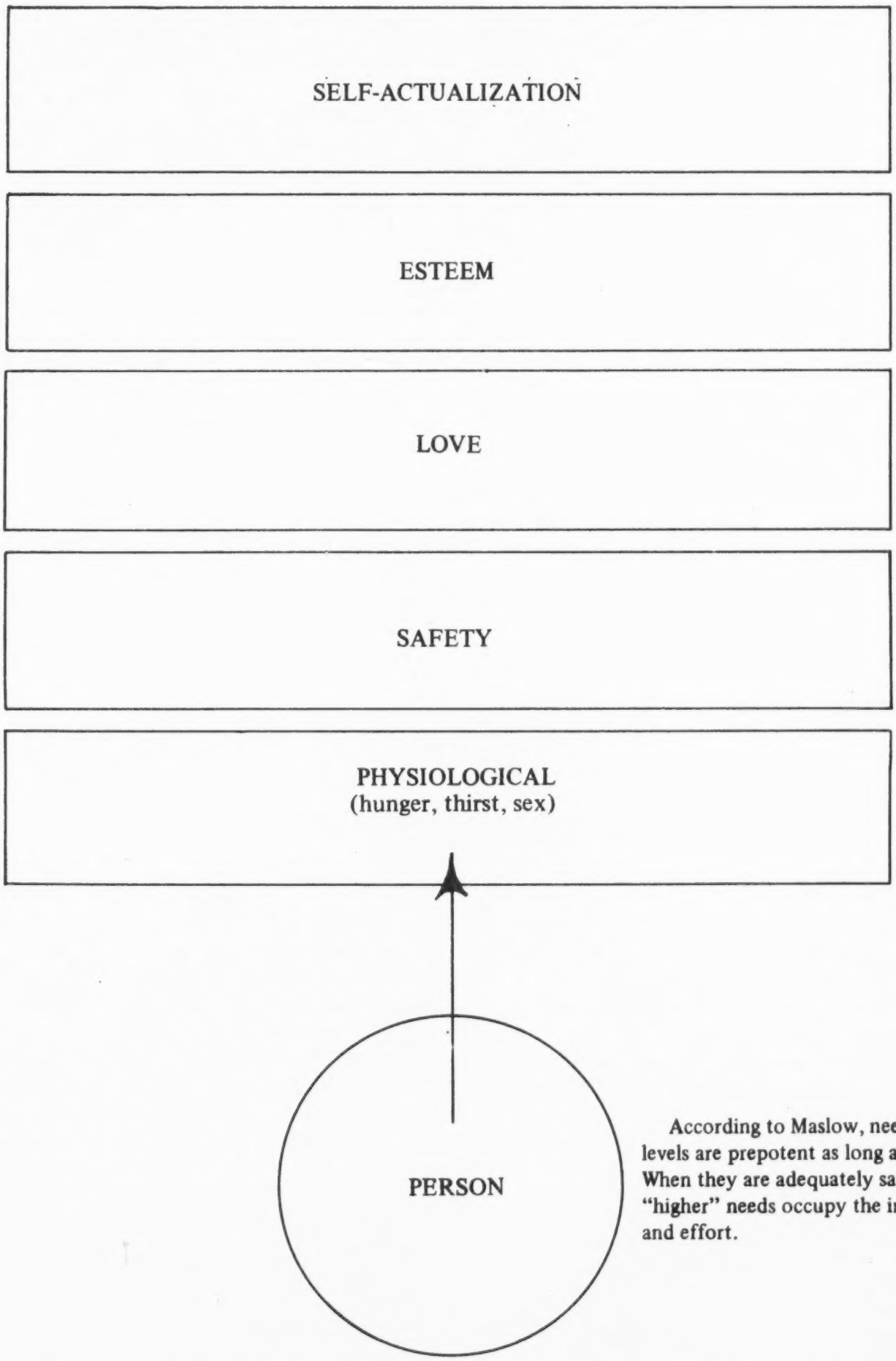
1 hr. 6. Psychological Environment in Mental Retardation
   a. principles of psychological development
   b. dynamic approach to psychological development
   c. specific psychological factors
   d. ethnic and racial correlates

1 hr. 7. Description of the Family of the Familial Retarded
   a. economic characteristics
   b. social characteristics
   c. child-raising characteristics
   d. diagnostic criteria for familial retardation

1 hr. 8. Behavior of the Retarded
   a. behavioral requirements (see Handouts 10, 11, and 12)
   b. common frustrations
   c. tolerance levels

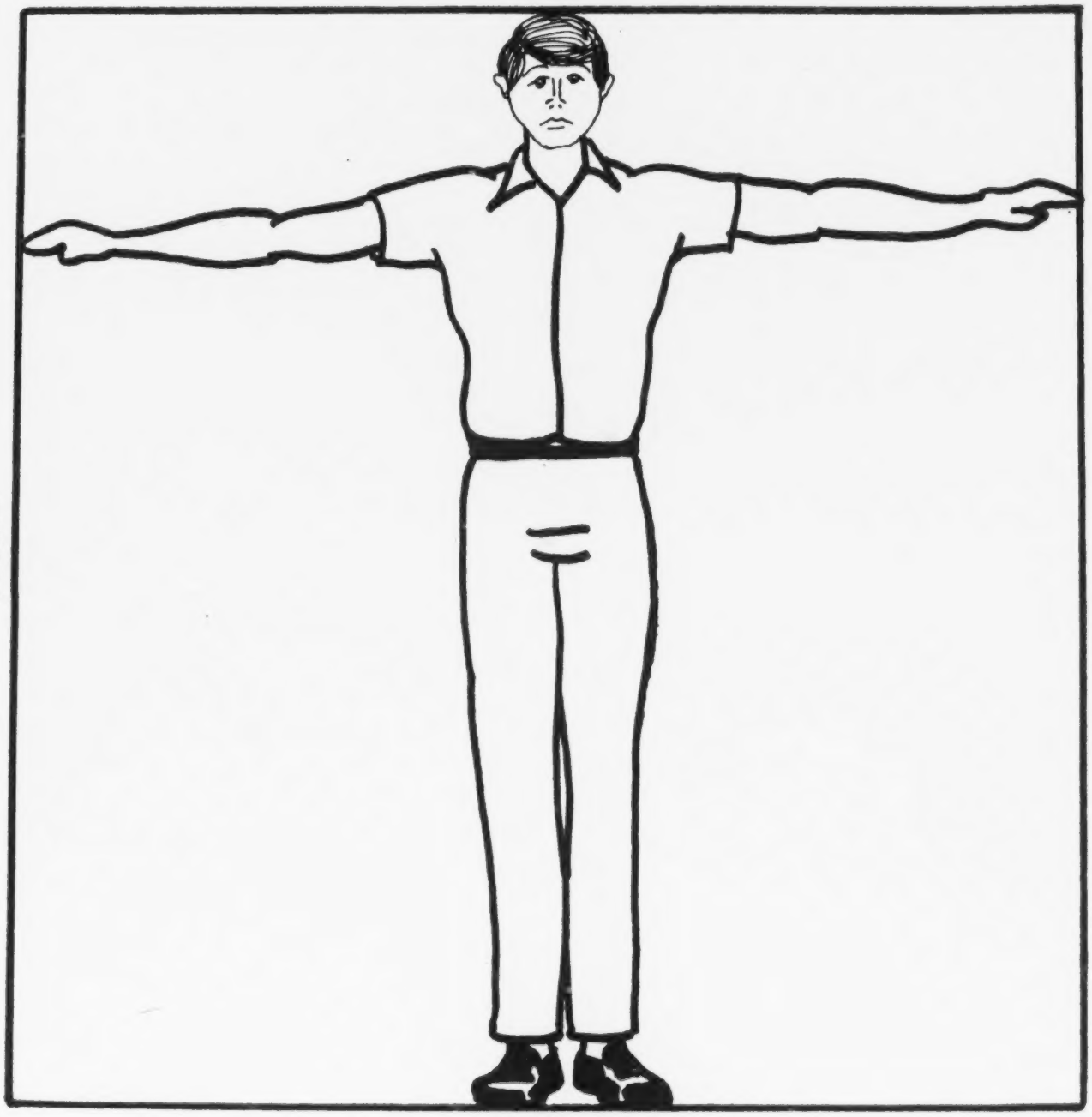
1 hr. 9. Creating an Appropriate Environment
   a. attitudes and tolerance levels
   b. environmental limits and structure
   c. stimulating growth by demanding realistic expectations
   d. importance of correct referral procedures
   e. contacting professional personnel

HIERARCHY OF NEEDS OF CHILDREN



According to Maslow, needs on the "lower" levels are prepotent as long as they are unsatisfied. When they are adequately satisfied, however, the "higher" needs occupy the individual's attention and effort.

PHYSICAL



SOCIAL

MENTAL

EMOTIONAL-SPIRITUAL

WHEN WE ARE DEFICIENT ON
ANY SIDE OF THE SQUARE,

WE ARE HANDICAPPED IN SOME WAY.....

THE BENT TWIG

If a child lives with hostility, he learns to fight.

If a child lives with fear, he learns to be afraid.

If a child lives with pity, he learns to feel sorry for himself.

If a child lives with jealousy, he learns to hate.

If a child lives with encouragement, he learns to be confident.

If a child lives with praise, he learns to be appreciative.

If a child lives with love, he learns to love.

If a child lives with recognition, he learns to have a goal.

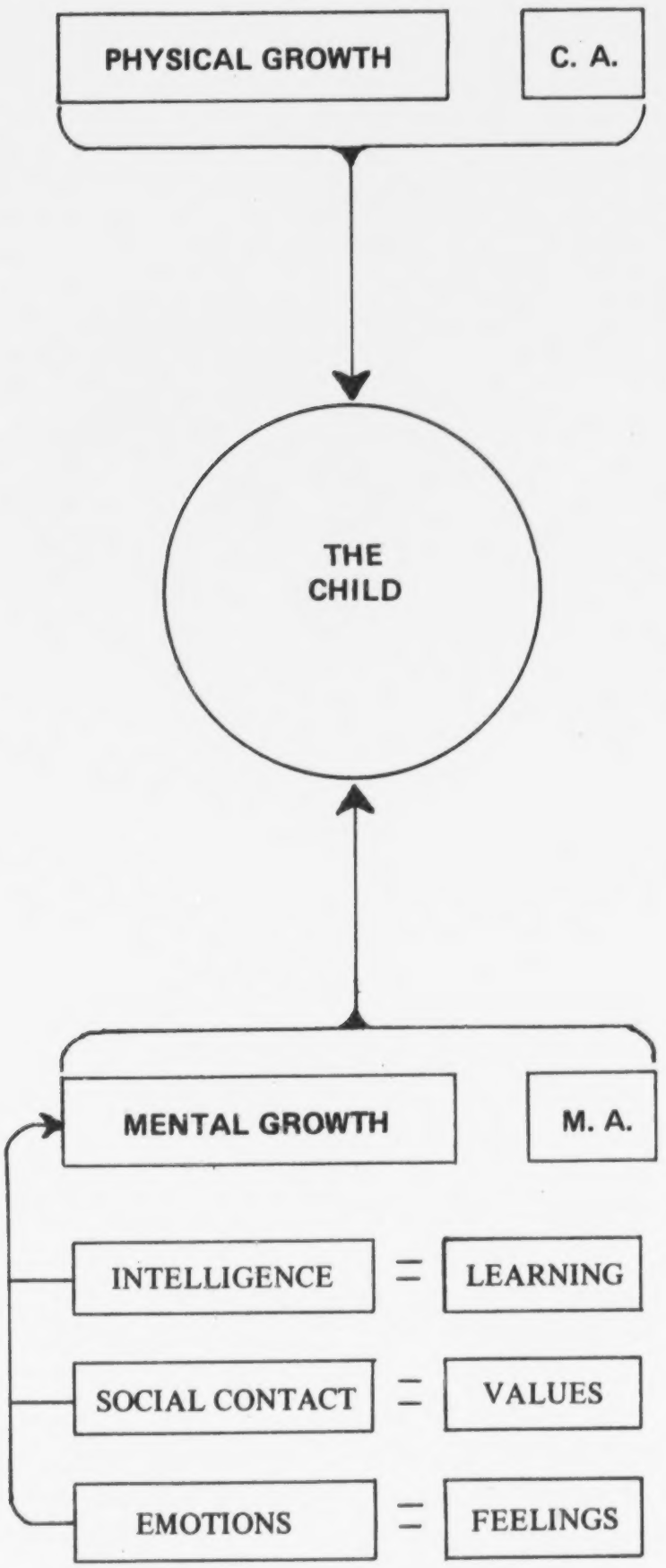
If a child lives with fairness, he learns justice.

If a child lives with honesty, he learns what truth is.

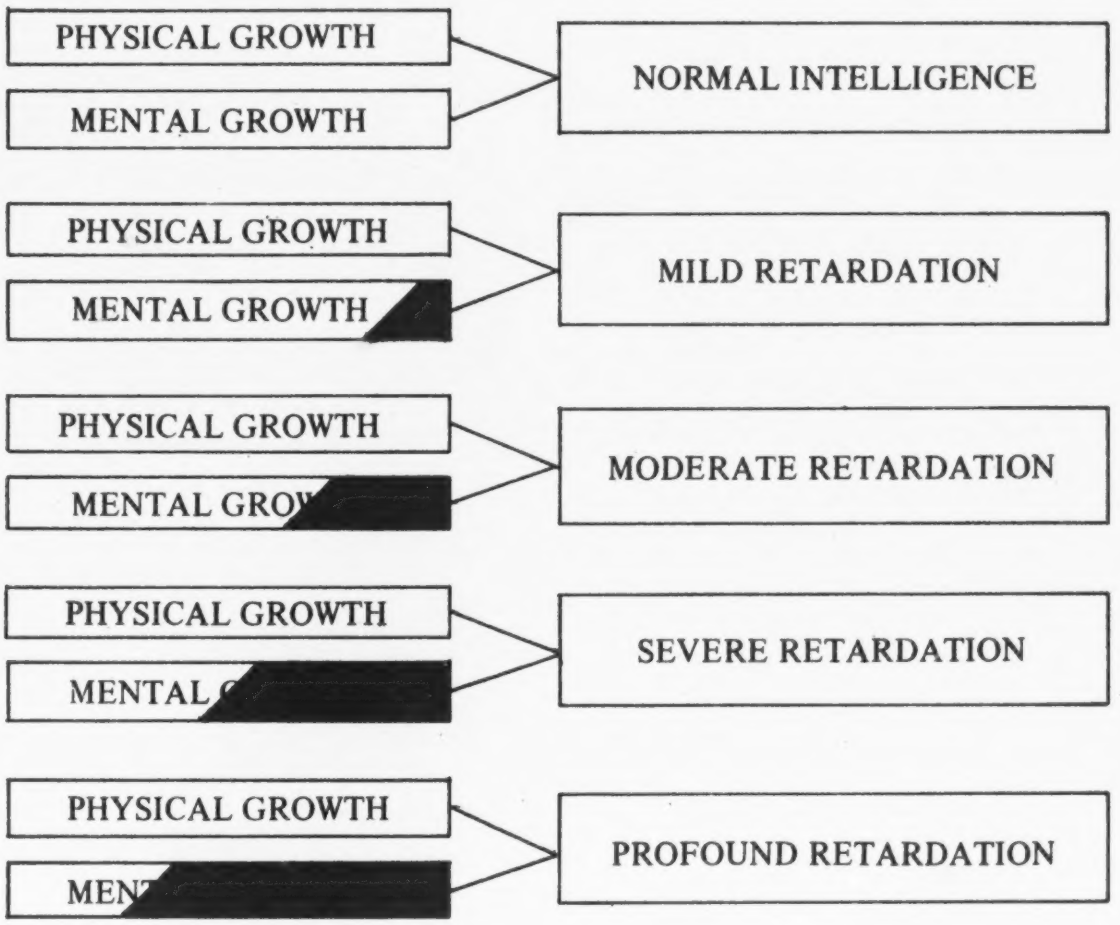
If a child lives with friendliness, he learns that the world is a nice place in which to live.

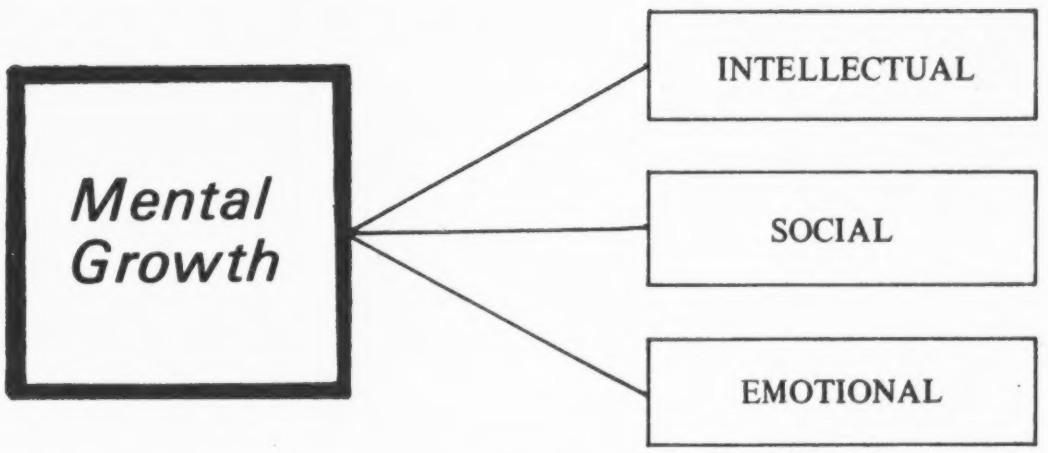
(Ann Landers, Publishers Newspaper Syndicate)

DEVELOPMENT OF THE CHILD



LEVELS OF MENTAL RETARDATION





MENTAL RETARDATION IS ....

A DESCRIPTION

It tells us that mental growth is very slow or has stopped.

There are three kinds of mental growth.

These are intellectual, social, emotional.

Intellectual growth helps us to learn things.
Social growth helps us to judge right from wrong.
Emotional growth helps us to control our feelings.

We can understand mental growth if we consider what happens in physical growth.

If physical growth is slow or stopped it places limitations on what we can do. When a person is very limited in what he can do we call this a handicap.

A HANDICAP

A handicap prevents you from doing some things a normal person could do.

It is always a disadvantage because it prevents you from enjoying the full benefits of society.

A mild handicap limits you in a small way or for a short period of time, example, having a broken bone or a sprained ankle may be a mild handicap.

A serious handicap limits you in a big way for all of your life. For example, being blind or badly crippled is a serious handicap.

Mental Retardation is a serious handicap because it prevents you from doing many things throughout your life.

NOT A DISEASE

It cannot be cured.

It cannot be seen.

Often because the mentally retarded child looks normal, we do not have the same sympathy we would for a sick or physically handicapped person, yet the mentally retarded child is also seriously handicapped and needs just as much sympathy and understanding.

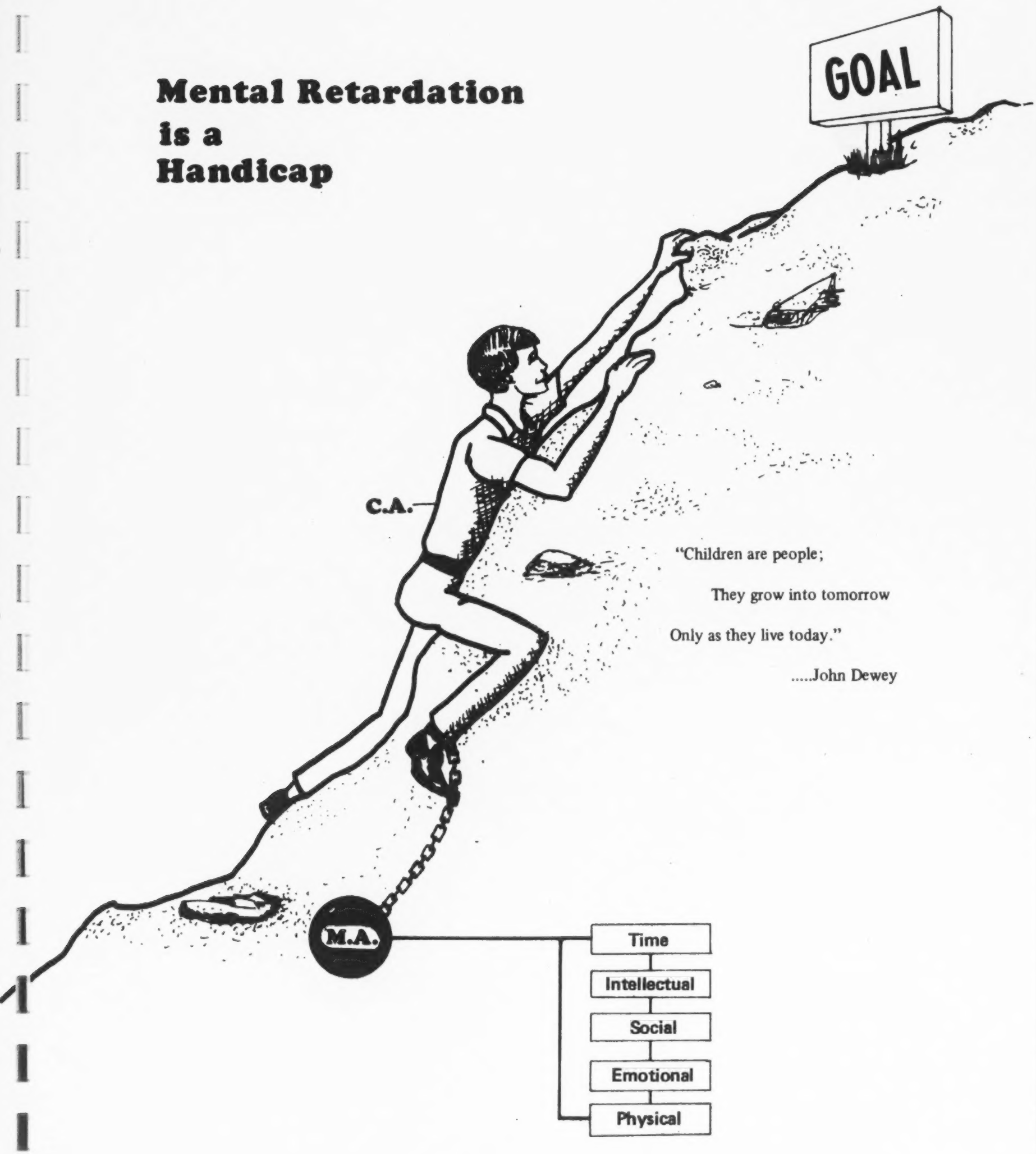
The cottage parent is the model from which the mentally retarded child learns how to function and develop his best abilities.

POTENTIAL ACADEMIC ACHIEVEMENT OF CHILDREN WITH VARIOUS

INTELLIGENCE QUOTIENT LEVELS

Chron. Age	I.Q. 50	Retarded I.Q. 60	Range I.Q. 70	I.Q. 75	Dull - I.Q. 80	Normal I.Q. 85	Range I.Q. 90	Average or I.Q. 100	Above Range I.Q. 110
6	Pre-K	Pre-K	K	K	K	K	K	K&1	1
7	Pre-K	K	K	K	K	K	K&1	1&2	2
8	K	K	K	K&1	K&1	1	1&2	2&3	3
9	K	K	K&1	1	1&2	2	2&3	3&4	4
10	K	K&1	1&2	2	2&3	2&3	3&4	4&5	5
11	K	1	2	2&3	3	3&4	4	5&6	6&7
12	K&1	1&2	2&3	3&4	4	4&5	5	6&7	7&8
13	1	2	3&4	4	4&5	5&6	6	7&8	8&9
14	1&2	2&3	4	5	5&6	6	7	8&9	9&10
15	2	3&4	5	5&6	6&7	7	8	9&10	10&11
16	2&3	4	5&6	6	7	8	9	10	12
17	2&3	4	5&6	6	7	8	9	10	12
18	2&3	4	5&6	6	7	8	9	10	12

Mental Retardation is a Handicap



"Children are people;

They grow into tomorrow

Only as they live today."

.....John Dewey

SOCIAL DEVELOPMENT

Social development for the mentally retarded child consists of two aspects: adjustment of the child to the group and its leader, and the development of his ability to care for himself. In the former there should be development in the ability to share, work, and play with other individuals and with a group; an increased willingness to follow directions and to accept discipline; a growing eagerness to join in familiar group activities and to learn new activities. The group may be a small family or a class. The leader may be a parent or a teacher.

Social development also includes progress in self-help--dressing, feeding, and so on--, improved health and safety habits, increased interest span, increased ability to cope with stimulation, development of new interests and of willingness to play constructively alone and to think of pleasant things to do when no special activity has been planned for a designated time.

In judging development in this social area we may ask:

1. Does he work and play better with others? By himself?
2. Does he cooperate better?
3. Is he less easily distracted?
4. Is he happier in a group?
5. Is he more friendly when he meets someone new?
6. Can he do more things for himself?
7. Have his eating habits improved?

MAKING DECISIONS ON PLACEMENT

Mary Jones is a 10 year old Mongoloid. She lives in Chester with her parents and their four other children, two being in school, the other two being only 18 months and 4 years old. The father works in the mill but the mother does not work.

There is no school class in Chester for Mary and she is becoming more and more of a problem. She has temper tantrums, runs out in the street unless someone is with her, makes a great many demands for the attention of her mother, and is harder to handle as she gets older. The mother finds it an increasing burden to give Mary supervision and the attention she needs and take care of other family responsibilities.

Mary feeds self, is toilet trained except wetting bed sometimes, can dress self with help, and has no physical handicaps. However, she has great need of dental care, and local dentist can't handle her. She has speech defect, but can usually be understood.

Mary was seen at a Child Evaluation Clinic when she was five years old.

Would we admit her to an institution? Yes_____ No_____

Where would we place her? Circle_____ Campus_____

Which Building should she live in? Bldg. #_____

MAKING DECISIONS FROM A CASE HISTORY

Marie is 17 years old and has been a resident of an institution for the past 16 years. She was brought here directly from the hospital where she was born.

She is the youngest of two children - parents are stable middle class citizens with economic security.

Mother was ill during pregnancy with suspected appendicitis and severe headaches. First child had measles when mother was 6 months pregnant.

Marie was a premature birth without instruments but born deformed. Head larger than normal in front and flat at back. All fingers and toes webbed. Questionable heart murmur but otherwise normal. Medical Impression: Severe mental retardation with skeletal anomalies.

Marie's vision is good - she has a hearing loss in left ear but right ear seems normal. She has all of the self-help skills - attends school - has good speech and mixes well with other children. She has never been a behavior problem. Her mental age is approximately 5 years, her IQ has never exceeded 48 points over the years.

QUESTIONS:

1. Custodial or transient?
2. Where would we locate this girl?
3. What kind of a program should she have?
4. What sort of sequential goals should we develop for her future?

HANDLING BEHAVIORAL CRISIS

Paul is 15 years old, and has been institutionalized for three years. He has his moods and lots of times looks discouraged, partly because he doesn't hear from his people. He's a good boy, doesn't give anybody any trouble, and always does what the matron asks him to do. Tuesday morning Mr. Doe got after him because he hadn't made his bed right and all of a sudden he started cursing and throwing things, and hit Mr. Doe on the arm with a shoe. Nobody could quiet him down, and the nurse had to come and give him a shot. This morning he got mad with Billy Smith because Billy was teasing him, and got Billy down on the floor and started beating him terribly until we could pull them apart.

Would we call for help? Yes_____ No_____

Which department would we call? Medical Department_____
Psychology Department__
Education Department___

Would we put him in a gown? Yes_____ No_____

Would we have him temporarily isolated from other people?

Yes_____ No_____

Do you have any other suggestions for handling this situation?

SURVEY FOR UNITS III AND IV

Growth and Development in Normal and Retarded Children and

Counseling and Guidance Services

Please check		
YES	NO	DO NOT KNOW

1. A child can develop in more than one way.
2. We always know what is best for a child.
3. Retarded children are about the same in most ways.
4. A retarded child cannot live in a community.
5. Retarded children are usually about half crazy.
6. Almost all normal children are well-behaved.
7. A retarded child is usually very hard to manage.
8. We should not let retarded children make decisions on things that effect them.
9. We are sometimes responsible for a child's bad behavior.
10. The retarded child is most like the normal child in physical areas.
11. Only a psychologist should have responsibility for helping a retarded child.
12. There is only one approach that can be used in counseling retarded school children.
13. People differ widely in ability, achievement, and interest.
14. Guidance is concerned more with prevention than cure.
15. In client-centered counseling, the child is encouraged to lead the discussions and to freely express his thoughts.

UNIT IV

COUNSELING AND GUIDANCE SERVICES

IV. COUNSELING AND GUIDANCE SERVICES: 4 hours

Overview: In the first hour, the basic goals of counseling are given. These goals are discussed from both philosophical and psychological bases of counseling and guidance practices. In the second hour, current theories of counseling are described. A special effort is made to indicate the practical value and limitation of these theoretical systems in counseling. The last two-hour block of instruction is a description of psychological and guidance services available to the mentally retarded. Referral procedures are particularly stressed in this section. Test materials are displayed and described to give an overview of different types of tests in common usage for academic, social, and vocational guidance purposes.

Purpose: To present counseling tools, techniques, and resources which will allow the trainee to perform certain tasks expected of a team member in a developmental guidance program in a setting for the mentally retarded.

Objectives: Trainees will be expected to:

1. list primary goals of counseling
2. describe three systematic theories of counseling
3. name and discuss three types of counseling relationships
4. name typical agencies which would be involved in counseling and guiding the mentally retarded

Content:

20 min. 1. Typical Goals in Counseling and Guidance Services (see Handout 1)
   a. self-understanding
   b. self-management
   c. adequate level of social skill
   d. adequate level of personal skill
   e. ability to handle threats to self-image

20 min. 2. Psychological Bases of Guidance and Counseling
   a. overview of biological bases of behavior
   b. principle of individual differences
   c. the concept of self
   d. complex nature of personality

20 min. 3. Philosophical Bases of Guidance and Counseling
   a. the holistic principles in guidance
   b. concern for all students
   c. involvement of entire staff
   d. prevention vs. cure orientation
   e. the continuous process in guidance

30 min. 4. Current Theories of Counseling
   a. directive counseling
   b. client-centered counseling
   c. client-centered non-directive counseling
   d. eclectic counseling

30 min. 5. Counseling Practices
   a. supportive counseling
   b. advisory technique
   c. constructive emotional appeal
   d. suggestion and motivation
   e. problem solving
   f. group guidance

50 min. 6. Description of Guidance Services for the Retarded in an Institutional Setting (see Handout 2)
   a. orientation of new enrollees
   b. testings and placement procedures (see Handout 3)
   c. individual counseling activities
   d. group counseling procedures
   e. case histories: forms and purposes
   f. follow-up procedures

1 hr. 7. Description of Psychological Services for the Retarded in an Institutional Setting
   a. staff and roles of staff
   b. inservice training activities
   c. psychometric activities (see Handout 4)
   e. behavior modification activities
   f. out-patient services

10 min. 8. Post-test for the Units on Psychological Principles and Practices

BASIC AIMS OF GUIDANCE AND COUNSELING

Typical Goals

1. To help an individual know and accept himself and to use this knowledge of himself in making wise choices and decisions
2. To help the individual maintain an adequate level of development
3. To help the individual become and remain a constructive, well-adjusted, happy, mentally healthy person in his occupational and extra-occupational life
4. To help the individual choose an occupation, prepare for it, enter it, and to be successful in it.

Five Elements

1. The counselor-client relationship, the first element, should be based on mutual trust and respect between the counselor and counselee.
2. The second common element is the manner in which the counselor and the counselee communicate in the interview. Communication includes facial expressions, gestures, posture, voice inflection, and words and their meanings.
3. The counselor must have a liking for people and for sharing experiences with them, experiences of people in all walks of life, a scientific knowledge of people as well as a practical knowledge, and a great deal of insightful experience.
4. As a client progresses in the interview, his growth (insight) is accompanied by an expression of feeling which changes from negative attitude and statements to those that are positive--hope, self-respect, love for other people.
5. Structuring, the fifth common element, is the limits which are developed to determine how the counseling will proceed. This includes an explanation of procedures to be followed during testing and gathering of other data and a description of the processes whereby the client contributes to this pool of information. Structuring in the counseling process can either be overt or implied.

Psychological Bases of Guidance and Counseling

1. Because all human beings have a common biological nature, they have some characteristics in common. Within a given culture, certain other characteristics are quite typical as a result of customs and patterns of training. Individual differences occur because of the variations in heredity and environment and the interaction between these factors.
2. Individuals differ widely in any given personality trait--ability, achievement, interest. In each measurable trait, the scores or ratings of individuals tend to be distributed according to the normal curve.
3. The typical individual has different rankings in different traits. Even on a standardized test of mental ability, he stands higher in certain abilities than in others.
4. Individuals differ greatly in their rates of growth. This is true in many aspects of development--physical growth, mental growth, and emotional growth--and others.

5. Growth and development through learning involve the active participation of the individual. Learning efficiency depends upon a person's ability, physical and mental condition, and willingness to take advantage of the learning opportunities offered to him.
6. The personality of an individual is very complex, yet it functions as a whole. In higher-level mental activities and in highly personal emotional situations, the individual tends to react to a stimulus not only with a specific response but also with a complex of responses--that is, with his whole personality.
7. Each individual has a concept of self, and he tends to behave according to that concept. An understanding of the individual's self-concept is essential to effective counseling.

Philosophical Bases of Guidance and Counseling

1. Concern with the "whole" student, not with his intellectual life alone.
2. Concern with all students, not only with special or problem students.
3. Concern primarily with prevention rather than cure.
4. More than just the activity of a specialist; it involves the whole staff.
5. Concern with the choices and decisions to be made by the counselee.
6. Concern with developing student self-understanding and self-determination.
7. "Counsel", not "compulsion".
8. A continuous process throughout the school life of each student.

FUNCTION OF THE COUNSELOR OF THE EDUCABLE MENTALLY RETARDED

I. REVIEW OF RECORDS ON INDIVIDUAL STUDENTS

- A. Psychological Reports
- B. Case Histories
- C. Reports from the Speech and Hearing Clinic

II. ORIENTATION OF NEW STUDENTS

III. TESTING AND PLACEMENT OF NEW STUDENTS

- A. Metropolitan Achievement Test
- B. Recommendation to administration for placement of students in appropriate school program

IV. INDIVIDUAL COUNSELING

- A. Initial interviews with all students
- B. Referrals from teachers and principal
- C. Self-referrals
- D. Follow-up of significant cases

V. GROUP COUNSELING

- A. Counseling for personal and social adjustment
- B. Guidance from an instructional standpoint
- C. Role playing

VI. CONFERENCE WITH TEACHERS, ADMINISTRATORS, COTTAGE PARENTS, AND PSYCHOLOGY STAFF

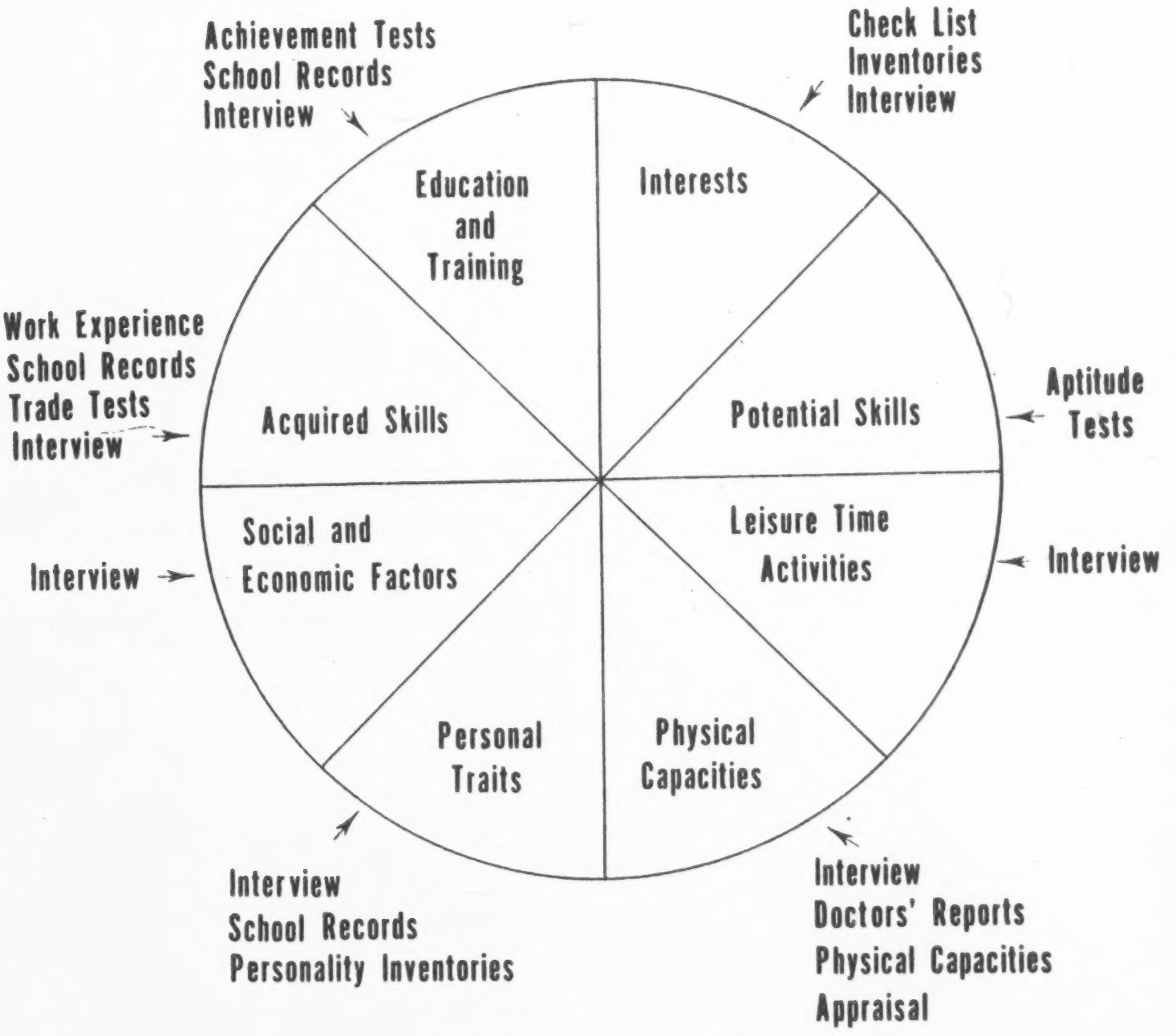
VII. CONFERENCES WITH PARENTS WHEN NECESSARY

VIII. CASE STUDIES (CHILD STUDY GROUP)

IX. INTERVIEW REPORTS (ANECDOTAL REPORTS)

X. RE-EVALUATION--PLACEMENT--FOLLOW-UP

AREAS OF APPRAISAL OF THE INDIVIDUAL



EXAMPLE OF A PSYCHOLOGICAL REPORT

NAME:
AGE:
REFERRED BY: DATE OF BIRTH: March 6, 1961

PREVIOUS TESTS: No information available
REASON FOR REFERRAL: Evaluation to assess intellectual function

TESTS ADMINISTERED: Stanford-Binet Form L-M
Wide Range Achievement Test (W.R.A.T.)
Goodenough Draw-A-Man

TESTS SCORES:	S.B.	C.A. 9-10	M.A. 5-6	IQ 55
	W.R.A.T.	Reading Grade Level		1.4
		Spelling Grade Level		1.2
		Arithmetic Grade Level		1.9

OBSERVATIONS: Sammy was quiet and somewhat anxious on his initial encounter with the examiner. Overall appearance was fair; he seemed adequately nourished and was appropriately dressed. He quickly relaxed during pretest interview and contributed in a meaningful way to the ongoing conversation. Orientation was good, no emotional extremes were observed and he appeared to have fairly good impulse control. He was cooperative and, in my opinion, test results obtained are valid and present a true picture of the subject's present intellectual function.

TEST RESULTS AND INTERPRETATION: Results of general intelligence tests indicate that Sammy is currently functioning in the mild range of mental retardation (American Association of Mental Deficiency Classification) with an educational classification of "Educable Mental Retardate". Analysis of test results and observations in terms of type of task reveals the following distribution of ability.

VERBAL ABILITY: When Sammy was anxious his speech contained a lot of stuttering and some blocking, however, this soon disappeared to be replaced with exceptionally lucid enunciation. Vocabulary is just below the 6 year level with language concepts a little below this at about the 5 year level. He can describe events and relate experiences quite well on the basis of "similarities" but has no facility with "difference" concept, thus, cannot identify opposite analogies, logical absurdities or essential differences between things as would be expected at the 6 and 7 year level.

NUMERICAL ABILITIES: Sammy can successfully match colors and shapes on a similarities basis. He can also count to ten, identify numerals to twenty, and the symbols for addition, subtraction operations. He cannot, however, subtract and his addition is very limited. He does have a space concept of up, down, left, right, and is aware of size difference, e.g. greater, smaller. His performance in this area is just above the 6 year level.

MEMORY ABILITY: This is one of Sammy's weaker areas. Delayed and immediate recall are at about the 5 year level, however, this may be, in part, due to his short attention span.

PSYCHOLOGICAL REPORT,
continued...

Perceptual and Visual Motor Ability: This is probably his weakest area and needs the most attention in future school programming. Figure drawing results suggest a visual perceptual maturation at the 4 year 9 month level. This is in agreement with Stanford-Binet results which limits his abilities to reproduce figures to straight lines and circles. He has not yet mastered angulation and cannot copy a square at the 5 year level nor trace a simple maze. Indications from W.R.A.T. responses place his academic level in this area as low kindergarten.

SUMMARY: Sammy is mildly retarded with a present academic achievement some four years below normal expectations. Overall test responses suggest he would benefit from special education placement in EMR classes. Emphasis should be placed initially on developing fine motor coordination with, say, Frostig-Horne exercises, also practice with the difference concept, i.e. sorting objects, word opposites and physical movements that are the same and different. Limited personality indications suggest that this child has some emotional overlay, internal aggression, and high anxiety when relating to authority figures, all of which interfere with learning. He should be given some guaranteed success experiences in his school work and an opportunity to form a trusting relationship with his teacher.

SURVEY FOR UNITS III AND IV

Growth and Development in Normal and Retarded Children and

Counseling and Guidance Services

Please check		
YES	NO	DO NOT KNOW

1. A child can develop in more than one way.
2. We always know what is best for a child.
3. Retarded children are about the same in most ways.
4. A retarded child cannot live in a community.
5. Retarded children are usually about half crazy.
6. Almost all normal children are well-behaved.
7. A retarded child is usually very hard to manage.
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9. We are sometimes responsible for a child's bad behavior.
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13. People differ widely in ability, achievement, and interest.
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15. In client-centered counseling, the child is encouraged to lead the discussions and to freely express his thoughts.

UNIT V

EDUCATIONAL AND TRAINING SERVICES FOR THE MENTALLY RETARDED

V. EDUCATIONAL AND TRAINING SERVICES FOR THE MENTALLY RETARDED: 24 hours

Part A: Overview of Education and Training Services: 1 hour

Overview: Trainees are introduced to the various types of education and training services for the mentally retarded. Emphasis is placed on the philosophy underlying these services, organizational structures, functional activities, and types of retarded served. Throughout the section, terms are defined in order to provide a frame of reference for subsequent discussions in the unit. Methods of presentation include lectures, projections, handouts, and discussions.

Purpose: To introduce the trainee to the various types of education and training services available to the mentally retarded and to present a frame of reference for subsequent discussions in the division.

Objectives: Trainees will be expected to demonstrate knowledge of the:

1. scope and depth of education and training services available to the mentally retarded
2. behavioral needs of the mentally retarded in relation to education and training services

Content:

10 min. 1. Pre-test for the Unit

20 min. 2. Overview of Education and Training Services Available to the Mentally Retarded
   a. education and training philosophy
   b. organization structure of education and training services (see Handout 1)

20 min. 3. Functions of Education and Training Programs by Educational Level and Behavioral Needs (see Handout 2)

10 min. 4. Summary and Discussion

Part B: Education, Recreation, and Training Programs for the Severely, Trainable, and Emotionally Disturbed Mentally Retarded: 5 hours

Overview: Trainees are introduced to the various education, recreation, and training programs for the severely, trainable, and emotionally disturbed mentally retarded. Emphasis is placed on developmental program activities, curricula, training procedures and techniques, and short-term and long-term goals. Trainees observe appropriate programs and are given an opportunity to discuss activities and behavior shaping techniques with staff. Methods of presentation include lectures, demonstrations, films, slides, video tapings, tours, handouts, and discussions.

Purpose: To familiarize the trainee with basic programs of education, recreation, and training for the mentally retarded and the mentally retarded emotionally disturbed.

Objectives: Trainees will be expected to demonstrate an understanding and knowledge of:

1. the goals of recreation
2. procedures and techniques of teaching recreational games and activities to the mentally retarded
3. daily recreation activities and programs for the mentally retarded
4. the goals of education and training programs for the adult severely, trainable, and emotionally disturbed mentally retarded
5. developmental characteristics of severely and trainable mentally retarded children and adults in comparison with the emotionally disturbed
6. the objectives of basic curriculum areas in programs for the mentally retarded emotionally disturbed.

Content:

2 hr.

1. Introduction
   a. Overview of education, recreation, and training services
   b. tour of recreation and physical fitness facilities for the adult severely and trainable mentally retarded

1 hr.	2.	Tour of Education, Recreation and Training Facilities and Observation of Classes for the Adult Emotionally Disturbed Mentally Retarded
1 hr., 50 min.	3.	Group Discussions of Objectives of Education, Recreation and Training Programs (see Handouts 3, 4, 5, 6, 7, 8, and 9)
10 min.	4.	Summary of Education, Recreation, and Training Programs for the Severely, Trainable, and Emotionally Disturbed Mentally Retarded.

Part C: Education and Training Programs for the Severely and Profoundly Mentally Retarded: 3 hours

Overview: Trainees are introduced to education and training programs activities for the severely and profoundly mentally retarded. Emphasis is placed upon growth and development in all basic self-help skills, socialization skills, and communication skills. Personnel, equipment, supplies, facilities, and attitudes are also discussed in relation to individual student and program requirements. Trainees observe appropriate program activities for the mentally retarded and discuss program goals, objectives, training techniques, and expectations for student growth and development with program staff. Methods of presentation include lectures, demonstrations, overhead projections, tours, handouts, and discussions.

Purpose: To familiarize trainees with social and self-help programs for the severely and profoundly mentally retarded.

Objectives: Trainees will be expected to demonstrate knowledge of:

1. expectations for growth and development of the severely and profoundly mentally retarded
2. the reinforcement continuum for the severely and profoundly mentally retarded
3. the similarities among severely and profoundly retarded children and normal children in areas such as exercise, affection, and attention
4. resources necessary for carrying out a social and self-help program for the severely and profoundly mentally retarded

Content:

30 min. 1. Program Demonstration
a. film: Mental Retardation; A Positive Approach

20 min. 2. Discussion of Film

20 min. 3. Expectations for Growth and Development of the Severely and Profoundly Mentally Retarded (see Handout 10)

20 min. 4. Goals and Objectives of Education and Training Programs for the Severely and Profoundly Mentally Retarded (see Handout 11)

20 min.	5.	Training Techniques Appropriate for the Severely and Profoundly Mentally Retarded
30 min.	6.	Tour of Facilities Utilized for Training the Severely and Profoundly Mentally Retarded
15 min.	7.	Equipment Necessary for Programs Geared to the Severely and Profoundly Mentally Retarded
15 min.	8.	Personnel Necessary for Programs Geared to the Severely and Profoundly Mentally Retarded
10 min.	9.	Summary of Education and Training Programs for the Severely and Profoundly Mentally Retarded

Part D: Education and Training Programs for the Physically Handicapped Mentally Retarded: 3 hours

Overview: Trainees are introduced to education and training program activities for the physically handicapped mentally retarded. Emphasis is placed on the organizational structure of program activities, expectations for student growth and development, program goals and objectives, curricular procedures, adaptive mechanical devices, and adaptive educational procedures. Trainees tour appropriate programs, discuss program activities with staff, and see the various assistive devices used with the physically handicapped mentally retarded. Methods of presentation include lectures, demonstrations, projections, tape recordings, handouts, tours, and discussions.

Purpose: To familiarize trainees with education and training programs for the physically handicapped mentally retarded and to instruct trainees in the adaptive procedures employed with the physically handicapped mentally retarded.

Objectives: Trainees will be expected to demonstrate knowledge of:

1. educational approaches employed with the physically handicapped mentally retarded
2. facilities and mechanical devices utilized in education and training programs for the physically handicapped mentally retarded
3. activities outside the classroom supporting educational and training objectives
4. the characteristics of the physically handicapped mentally retarded and how these characteristics can be met in education and training programs

Content:

20 min. 1. Introduction
   a. organization of services for the physically handicapped mentally retarded
   b. expectations for growth and development of the physically handicapped mentally retarded
   c. goals and objectives of education and training programs for the physically handicapped mentally retarded

40 min. 2. Curriculum Procedures (see Handout 12)
   a. sensory training
   b. perceptual and listening training
   c. readiness skill training
   d. academic instruction and practical application

e. social development training
f. interest, stimulation and motivation training
g. limitations and adaptive procedures

20 min. 3. Tour of Education and Training Facilities for the Physically Handicapped Mentally Retarded

90 min. 4. Classroom Observation of Programs for the Physically Handicapped

10 min. 5. Summary of Education and Training Programs for the Physically Handicapped

Part E: Education and Training Programs for the Trainable and Severely Mentally Retarded: 3 hours

Overview: Trainees are introduced to education and training programs for the severely and trainable mentally retarded. Emphasis is placed on organizational structure, training goals, and training methodologies in terms of the individual student's probable adult life style and classroom and activity grouping considerations. Trainees tour appropriate programs. Emphasis is placed on classroom activities and music, physical education, homemaking, and manual arts demonstrations. Following the tour and demonstrations trainees discuss facets of these training programs with program staff. Methods of presentation include lectures, demonstrations, projections, tours, handouts, and discussions.

Purpose: To introduce trainees to the role of education and training programs for the trainable and severely mentally retarded in terms of goals of adequate social interaction, economic efficiency, self-help and self-direction, intellectual development, and use of leisure time.

Objectives: Trainees will be expected to demonstrate knowledge of:

1. the expectations for growth and development of the trainable and severely mentally retarded

2. program development in relation to entry skills, pupil-teacher relations, training methodologies, and expectations for academic and social progress

Content:

30 min. 1. Introduction (see Handout 13)
   a. organizational chart of services for the trainable and severely mentally retarded
   b. expectations for growth and development for the trainable and severely mentally retarded, including goals of education and training programs
   c. curriculum emphases and methodological procedures
   d. grouping considerations

80 min. 2. Classroom Observations

40 min. 3. Demonstrations of Activities Representative of Education and Training Programs for the Trainable and Severely Mentally Retarded

20 min. 4. Demonstrations of Music and Physical Abilities by Trainable and Severely Mentally Retarded Children

10 min. 5. Summary and Discussion

Part F: Education and Training Programs for the Educable Mentally Retarded: 3 hours

Overview: Trainees are introduced to education and training programs for the educable mentally retarded. Emphasis is placed on developmental program activities, including academic programs, guidance and counseling programs, and multisensory educational programs. Trainees tour appropriate residential and community programs and discuss the various aspects of a total program for the educable mentally retarded with a panel of institutional and community special educators. Methods of presentation include lectures, demonstrations, overhead projections, tape recordings, tours, handouts, and discussions.

Purpose: To introduce the trainee to the role of education and training programs for the educable mentally retarded in preparation for assimilation into society.

Objectives: Trainees will be expected to demonstrate knowledge of:

1. the expectations for growth and development of the educable mentally retarded
2. basic methods used to teach the educable mentally retarded
3. the scope and depth of educational and training services for the educable mentally retarded
4. the role of guidance and counseling for the educable mentally retarded

Content:

55 min. 1. Introduction (see Handout 14)
   a. organizational chart of education and training services for the educable mentally retarded
   b. expectations for growth and development of the educable mentally retarded
   c. goals and objectives of education and training programs for the educable mentally retarded
   d. curriculum emphasis and methodological procedures

10 min. 2. Overview of Guidance and Counseling Programs for the Educable Mentally Retarded

15 min. 3. Use of Instructional Technology with the Educable Mentally Retarded

30 min.	4.	Tour of Educational and Training Facilities and Programs for the Educable Mentally Retarded
60 min.	5.	Classroom Observations of Educational Programs for the Educable Mentally Retarded
10 min.	6.	Summary of Education and Training Services for the Educable Mentally Retarded

Part G: Vocational Education Programs for the Mentally Retarded: 4 hours

Overview: Trainees are introduced to pre-vocational and vocational education programs for the severely, trainable, moderate, and educable mentally retarded. Emphasis is placed on developmental program activities, procedures for evaluations, principles, placement, and follow-up procedures after placement. Trainees tour appropriate institutional and community programs and pre-vocational and vocational training stations. Trainees also plan a hypothetical program for an educable mentally retarded student based upon given information. Methods of presentation include lectures, demonstrations, workshops, handouts, tours, and discussions.

Purpose: To introduce the trainee to individual and group services provided by vocational education services and to the potentially employable mentally retarded.

Objectives: Trainees will be expected to demonstrate knowledge of:

1. vocational education services and their importance for the mentally retarded
2. the vocational potential of the mentally retarded and the vocational services which would be most suitable
3. the significance of vocational training for the mentally retarded

Content:

30 min. 1. Introduction
   a. vocational education services for the mentally retarded
   b. goals and objectives of vocational education programs for the mentally retarded
   c. tracking and phasing procedures

40 min. 2. Tour of Vocational Education Service Facilities

50 min. 3. Explanation of Pre-Vocational and Vocational Education Programs (see Handouts 15, 16, 17, 18, and 19)
   a. evaluation
   b. work samples
   c. situational tasks
   d. vocational information
   e. staff conference

50 min. 4. Placements
   a. job tryouts
   b. type of placements

c. evaluation
d. staff conference

30 min. 5. Work Activities Center Functions (see Handout 20)
a. evaluation
b. work samples
c. situational tasks
d. job tryouts

30 min. 6. Vocational Rehabilitation
a. evaluation
b. placement
c. follow-up
d. counseling
e. staff conference

10 min. 7. Summary of Vocational Programs for the Mentally Retarded

Part H: Volunteer Services for the Mentally Retarded: 1 hour

Overview: Trainees are introduced to various volunteer service programs for the mentally retarded. Emphasis is placed on the nature and scope of program activities, attitudes of volunteer workers, volunteer-staff relationships, and volunteer-student relationships. Trainees view a slide presentation of volunteer service programs and are given an opportunity to discuss volunteer activities with staff and volunteer personnel. Methods of presentation include lectures, sound-slide presentations, graphic reproductions, handouts, and discussions.

Purpose: To introduce the trainee to the role of volunteer services for the mentally retarded.

Objectives: Trainees will be expected to demonstrate knowledge of:

1. the various volunteer services programs available to serve the mentally retarded
2. the relationship that must be developed among volunteers, the mentally retarded, and professional personnel

Content:

10 min. 1. Introduction
   a. scope of volunteer service programs for the mentally retarded
   b. goals and objectives of volunteer service programs for the mentally retarded

30 min. 2. The Volunteer Organization (see Handout 21)
   a. purpose
   b. who is a volunteer
   c. dimensions of volunteer services
   d. areas of involvement
   e. motivation of the worker

10 min. 3. Maintaining Relationship and Communication among the Volunteer, the Mentally Retarded, the Staff

10 min. 4. Summary of Volunteer Service Programs for the Mentally Retarded

Part I: Summary of the Unit on Education and Training Services for the Mentally Retarded: 1 hour

Overview: Trainees briefly review education and training services for the mentally retarded in order to further clarify the nature and scope of the unit. Emphasis is placed upon functional aspects of programs for the mentally retarded and the necessity of communication among program areas. Trainees are given an opportunity to discuss the results of a post-test and to comment about each section of the unit with recommendations for subsequent programs. Methods of presentation include lectures, overhead projections and discussions.

Purpose: To clarify and summarize for the trainee education and training services for the mentally retarded.

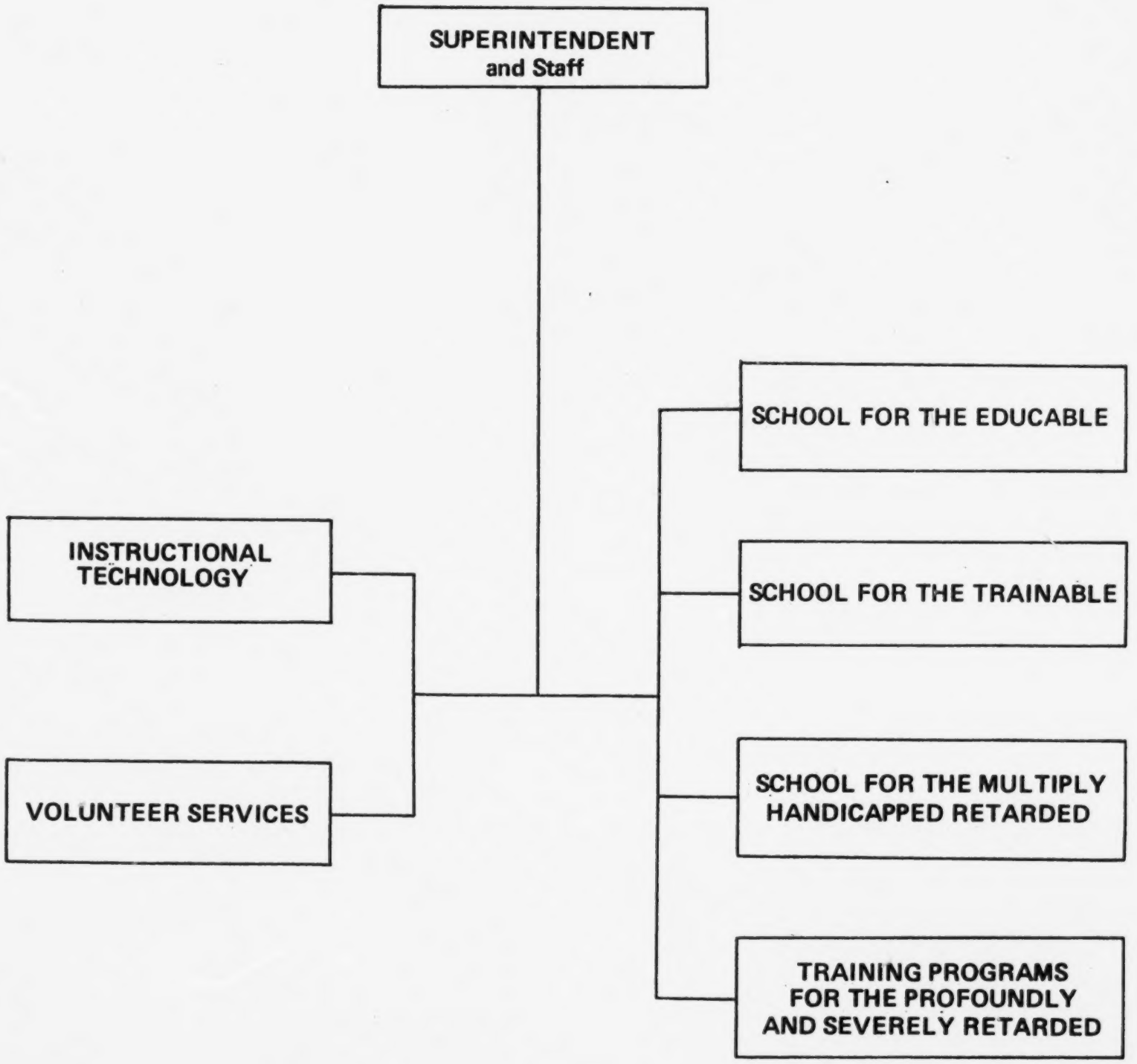
Objectives: Trainees will be expected to demonstrate knowledge of:

1. the scope and depth of education and training services available to the mentally retarded
2. the behavioral needs of the mentally retarded in relation to education and training services
3. the philosophy, goals, and objectives of education and training services available to the mentally retarded

Content:

15 min.	1. Post-test for the Unit
45 min.	2. Discussion of Post-test, Trainee Comments, and Recommendations

ORGANIZATIONAL CHART OF
A LARGE EDUCATIONAL SYSTEM FOR THE MENTALLY RETARDED



DEVELOPMENTAL CHARACTERISTICS OF THE MENTALLY RETARDED			
Degrees of Mental Retarda-tion	Pre-School Age 0-5 Maturation and Development	School Age 6-20 Training and Education	Adult 21 and Over Social and Vocational Adequacy
I.Q. 50-75 Mild	Can develop social and communication skills; minimal retardation in sensorimotor areas; often not distinguished from normal until later age.	Can learn academic skills up to approximately sixth grade level by late teens. Can be guided toward social conformity. "Educable"	Can usually achieve social and vocational skills adequate to minimum self-support but may need guidance and assistance when under unusual social or economic stress.
I.Q. 35-49 Moderate	Can talk or learn to communicate; poor social awareness; fair motor development; profits from training in self-help; can be managed with moderate supervision.	Can profit from training in social and occupational skills; unlikely to progress beyond second grade level in academic subjects; may learn to travel alone in familiar places.	May achieve self-maintenance in unskilled or semi-skilled work under sheltered conditions; needs supervision and guidance when under mild social or economic stress.
I.Q. 20-34 Severe	Poor motor development; speech is minimal; generally unable to profit from training in self-help little or no communication skills.	Can talk or learn to communicate; can be trained in elemental health habits; profits from systematic habit training.	May contribute partially to self-maintenance under complete supervision; can develop self-protection skills to a minimal useful level in controlled environment.
I.Q. Below 20 Profound	Gross retardation; minimal capacity for functioning in sensorimotor areas; needs nursing care.	Some motor development present; may respond to minimal or limited training in self-help.	Some motor and speech development; may achieve very limited self-care; needs nursing care.

A LOOK AT RECREATION FOR THE RETARDED

Recreation for the retarded is a way of life. It is an ongoing, everlearning, adaptive type situation in which the retarded child is able to experience success, gain confidence in himself and his environment, and establish positive social interaction with his peer groups.

Every child regardless of age, social status, physical or mental disability, should have the opportunity to participate in recreational activities which are adapted to his needs, interest and abilities. Through recreation, adapted games and activities the retarded child can develop the basic skills relating to body movement and exploration. He can attain a wholesome degree of physical fitness and a positive attitude about himself and social interaction; he is able to develop creativity, sportsmanship, a competitive spirit and a sense of pride and accomplishment, all of which are important in the establishment of basic self-help skills.

Recreational games and activities provide meaningful experiences and training for children of all ages and mental levels. Every activity should be geared to realize the individual's potentials and to utilize all facilities and all means available in order that each child might attain his maximum capacity for fun, enjoyment, and physical, mental, and social growth and development.

ASPECTS OF RECREATION FOR THE RETARDED

General Objectives: "Three Fold Purpose"

1. Enjoyment and learning in leisure time
2. Improvement of coordination, agility and physical fitness
3. Opportunities for increased perception of self and environment

Philosophy

Our philosophy is to provide meaningful experiences and training for all residents. Every program or activity is geared to realize the individual's potentials.

Leadership of Games and Activities

The leader of any game or activity is a teacher specialized in the play approach to learning and fun. The leader should know not only how to perform a wide variety of games and activities with above average skills but also how to teach them to others.

Essential Qualities for Success as a Leader

1. Patience
2. A sincere desire to work with people
3. An understanding of games and activities, and how to use the fun approach instead of the perfection approach
4. A knowledge of how to use demonstration method: how to lead rather than drive
5. A contagious sense of humor
6. Common sense
7. Resourcefulness and creativity, imagination
8. Good health and a zest for living

TYPES OF RECREATION ACTIVITIES

I. ARTS & CRAFTS - Arts and Crafts provide an excellent opportunity to develop conceptual and perceptual awareness and concepts such as shape, color, texture, likeness and difference.

Objectives:

(a) Provide opportunities for self-expression
(b) Provide a means for emotional outlets
(c) To develop perceptual and conceptual awareness
(d) To develop manual skills, eye-hand coordination
(e) To build self-confidence and independence

II. PHYSICAL ACTIVITIES OR P.E. - Provide maximum physical, mental, social and emotional growth of each individual.

Objectives:

(a) To contribute to physical fitness, including strength, endurance, power, flexibility, agility, balance, speed and coordination
(b) To provide opportunities for the individual to develop acceptable values and perceptions of self and others
(c) To provide training in constructive use of leisure time

III. LOW ORGANIZATION GAMES - To contribute to the basic development, physical, and social skills of children and adults. To allow maximum participation and fun for all.

Objectives:

(a) To teach group socialization skills
(b) To teach interaction with adult authority figure
(c) Teach basic muscle movements through play and games
(d) Teach child games and activities which he can play without supervision (free play)

TYPES OF RECREATION ACTIVITIES (cont'd)

IV. SWIMMING FOR THE RETARDED - This is a very valuable form of exercise for the retarded child. It contributes to body, muscular and organic fitness. In teaching swimming to the retarded the instructor should not think in terms of expert swimming, but swimming for fun and safety.

OBJECTIVES:

(a) Fun and safety in the water
(b) Development socially as part of a group
(c) Physiological
(d) Experience success and enjoyment
(e) To develop a carry-over type activity in which the child can participate with family and friends.

V. RECREATION ACTIVITIES AS A MEANS OF EXPANDING EXPERIENCES AND DIVERSION

1. CARTOON MOVIES AND SLIDES - used as teaching instruments to increase concepts and perception, development of happy, light-hearted concept of amusement and joy. Increase the child's awareness of self in relation to environmental factors.

OBJECTIVES:

(a) Educational - A picture is worth a thousand words.
(b) Diversional - Change in daily routine
(c) Emotional Outlet - Provide "acting out" experiences, involvement and relationship with situations faced by those in the film

2. BUS RIDES AND FIELD TRIPS - Provide excitement and educational experiences. A break in the daily routine and change of environment. Provide experience for later recall.

3. HOBBIES - Provide each child with experiences in an area in which he has a specific need for interest.

OBJECTIVES:

(a) To give each child a feeling of accomplishment
(b) To make each child as happy as possible
(c) To make each child express himself (verbally)
(d) To get child out of everyday environment
(e) To teach child perceptions of colors and shapes
(f) To help child become aware of the necessity of instructions
(g) To help child express himself creatively
(h) To help develop or increase the child's attention span

SYNOPSIS OF PROGRAMS AND ACTIVITIES
FOR OLDER ADULT AND EMOTIONALLY DISTURBED CHILDREN

Arts and Crafts - classes emphasize the use of the hands, individual initiative and innovativeness, appreciation and recognition of colors, shapes and objects of beauty.

Music - uses basic innate rhythms to develop talents to create enjoyment through listening, through dance, through creative drama, through rhythm instruments, through films and records. The program includes a boys and girls choir, made up for the most part of working individuals not included in other programs.

Socialization and Homemaking - creates an awareness of everyday living, of daily living skills in the home and the environment. It also teaches household hints about setting table, personal hygiene, good manners, elementary sewing and cooking.

Recreation - includes any and every activity from structured physical programs to low level games and activities for all ages and all mental levels. Recreation also includes such structured activities as, trampolining, tumbling, swimming, parties, field trips, movies, shopping and special seasonal activities. Recreation fills leisure time with constructive enjoyable learning experiences.

Play Therapy - provides a free atmosphere for learning communicative skills and participation through games, activities, self-expression and independent interest games and activities such as pool, ring toss, dancing, puzzles, finger painting - etc.

MUSIC CURRICULA FOR THE EMOTIONALLY DISTURBED MENTALLY RETARDED

MUSIC - Music has definite value for the adult and emotionally retarded individual. Through the development and appreciation of music, many social development skills and socially acceptable behavior patterns can be reinforced. Music can be learned and appreciated by all ages and all levels of retardation.

By the term, we are not necessarily limiting ourselves to singing or playing musical instruments. We are including all areas and facets of musical experiences: Listening, Self-control and Discipline, Speech and Breath Training, Listening Skills and Attention Span, Pride and Accomplishment.

TYPES OF PRESENTATION:

1. Singing - rote learning
2. Records
3. Rhythm instruments and singing games
4. Dancing
5. Body rhythms
6. Marching
7. Creative dramatics

OBJECTIVES:

1. To provide pleasure and entertainment
2. To develop a sense of rhythm
3. To develop concentration and attention span
4. To release tension
5. To encourage participation and social intention
6. To develop muscle and breath control
7. To encourage creativity and self-expression
8. Speech and language development

SOCIAL ADJUSTMENT AND DAILY LIVING SKILLS FOR THE EMOTIONALLY DISTURBED MENTALLY RETARDED

This phase of training is very important to the emotionally disturbed retardate. It is through the development of social interaction and social skills that they learn acceptable behavior patterns. In trying to establish learning situations in these areas, the teacher must make sure that each individual has opportunities to gain some measure of self-respect, independence, satisfaction, assurance and emotional security through the desired behavior.

Activities should be provided which help the individual accept responsibility, contribute to his social group and become aware of himself, his neighborhood and his environment.

In teaching homemaking and daily living skills, mastery of knowledge of these areas will enable the individual to attain a certain degree of independence, and to realize that he is a useful member of the family, the class and the community.

OBJECTIVES:

1. To develop respect for others, their property and their rights
2. To teach self-awareness
3. To develop positive self-image
4. To develop environmental awareness
5. To provide opportunities for the development of acceptable behavior
6. To develop knowledge and skills about tools, equipment and materials of daily living in the home, in school and in the community
7. To develop independence in homemaking, household tasks, and community projects
8. To create job responsibility in the home, the class, and the community
9. To develop a knowledge of the care and upkeep of household items

ARTS AND CRAFTS FOR THE EMOTIONALLY DISTURBED MENTALLY RETARDED

Arts and crafts are especially valuable for the adult retardate or the emotionally disturbed individual as a medium for releasing emotional tension. Creative expression and individuality are not limited by mental ability, chronological age or social adjustment. Techniques and skills should be taught in arts and crafts only through purposeful and functional applications.

Arts and crafts provide an excellent opportunity to develop conceptual and perceptual awareness and concepts such as size, shape, color, texture, likeness and difference.

OBJECTIVES:

1. To provide opportunities for self-expression
2. To provide a means for emotional outlet
3. To aid in the development of conceptual and perceptual awareness
4. To develop certain manual skills and eye hand coordination
5. To help build self-confidence and independence

DESCRIPTION OF SEVERELY AND PROFOUNDLY RETARDED CHILDREN

I. Profoundly retarded child

A. Behavioral characteristics (to a large extent profoundly retarded children must be described by what they cannot do rather than by what they can do)

No self-care skills (does not mean they cannot learn some self-care skills)
- Unable to feed self
- Unable to dress self
- Not toilet trained
- Must be led or carried

Lack of speech
May not respond to own name
Minimal awareness of environment
Does not distinguish edibles
Passive staring
Repetitious-stereotyped behavior
- Rocking
- Clapping
- Swinging a string

B. Physiological characteristics
- Body deformed
- Multiple handicaps
- High rate of seizures

C. Proposed description of sequential developmental steps for profoundly retarded
- Oblivious
- Responds to name by:
  - Looking toward speaker
  - Movement towards (initial)
  - Coming for juice
- Awareness indicated by:
  - Smiling
  - Crying
- Self-protection
  - Push away from one who attempts to bite or hit
- Aggressive when frustrated
  - Attacks self
  - Attacks objects
  - Attacks other children

DESCRIPTION OF SEVERELY AND PROFOUNDLY RETARDED CHILDREN (cont'd)

II. Severely retarded child

A. Behavioral characteristics (can be described by what they can do)
- Partially toilet trained
- Will play with an adult
- Will assist with own dressing
- Finger feeds
- Will imitate simple behavior
- Seeks affection
- Finds place at table
- Aware of own name
- Aware of others
- Can identify some objects by name
- Enjoys new situations (bus ride)
- Repeats words or phrases
- Problems in climbing stairs
- No sense of danger
- Lack of impulse control

B. Physiological characteristics
- Some body deformity
- Psycho-motor seizures prevalent
- Limited body dexterity, can pick up objects with hands but not fingers
- Tendency toward hyperactivity

C. Proposed description of sequential developmental steps for severely retarded
- Enjoys simple games with adults
- Self-care skills with supervision
- Spontaneous communication to make needs and wishes known (verbal or non-verbal)
- Provides assistance to other more dependent children
- Will play with another child under direct supervision of an adult (example: tossing a ball back and forth)
  - When they begin to interact and play with other children under minimal supervision, they probably have moved beyond the level of severely retarded.

ASPECTS OF WORKING WITH THE SEVERELY AND PROFOUNDLY RETARDED

I. Objectives of Working with Severely and Profoundly Retarded Children Including Development of:

- Independence
- Self-confidence
- Personal pride
- Self-care
  - feeding
  - toileting
  - dressing
- Awareness of:
  - self
  - environment
  - danger
- Behavioral control
- Physical skills
- Recreational skills

II. Procedures Used in Training

A. Behavior modification: refers to planned modification of observable behavior. The technique utilizes discrete records of observable and recordable phenomena rather than depending upon intuition and opinion.

B. Operant conditioning: training an organism (resident) to behave in a desired manner under a given set of conditions, more specifically it refers to conditioning operant responses.
   1. Operant: a unit of behavior emitted (performed) by the (resident) to achieve an end (operate upon the environment).
      a. Natural operant: a unit of behavior spontaneously emitted by the organism. The energy and direction for this unit of behavior is provided by an inherent (inherited) organismic state (similar to instinct).
      b. Learned operant: a unit of behavior spontaneously emitted by the organism. The energy for this unit of behavior is also provided by an inherent (inherited) organismic state (similar to instinct). The direction for this type operant results from previous behavioral experiences.
   2. Conditioning: refers to developing a given behavioral pattern between a given stimulus and response.

C. Reinforcement: produces either an increase or decrease in the number of behavioral responses (operants).

ASPECTS OF WORKING WITH THE SEVERELY AND PROFOUNDLY RETARDED (cont'd)

D. Extinction: If no reward (reinforcer) follows a given behavior the frequency of the behavior will gradually decrease (whenever a reinforcer that has consistently followed a behavior no longer follows that behavior, you can expect that the behavior will first increase before it starts to decline [light switch]).

E. Types of reinforcement used to reward desirable responses (behavior)
   1. Consumables: edibles
   2. Manipulatables: toys, puzzles, swings, etc. (tactile, physiological and psychological).
   3. Visual stimuli: pictures, bus rides, an intriguing observation, etc.
   4. Auditory stimuli: music, soft human voice, chirping of a bird, etc.
   5. Social stimuli: interaction with children or adults; any recognition from children or adults
   6. Tokens: money, chips to be traded for desired goods or privileges

CURRICULA AREAS FOR THE PHYSICALLY HANDICAPPED MENTALLY RETARDED

a. Sensory training
   1. Visual
   2. Tactile
   3. Auditory
   4. Olfactory
   5. Taste

b. Perception and listening training
   1. Rough-smooth, large-small, like-different, etc.
   2. Following directions

c. Readiness skill training
   1. Reading - letter recognition
   2. Writing - letter formation (eye-hand coordination)
   3. Arithmetic - number recognition
   4. Social studies - friends and environment

d. Academic instruction
   1. Reading - for information, subject matter
   2. Writing and spelling - typing
   3. Arithmetic - number formation
   4. Social studies - science, history, current events

   Practical application training
   1. Reading - comprehension, self-satisfaction
   2. Writing and spelling - writing letters
   3. Arithmetic - telling time, counting money, sizes, weights
   4. Social studies - interest in national and world news

e. Social development training
   1. Understanding self
   2. Relationship with others
   3. Acceptable behavior
   4. Self-care, grooming

f. Interest, stimulation, and motivation training
   1. Creative arts
   2. Music
   3. Cooking
   4. Sewing
   5. Recreation
   6. Leisure time activities
   7. Spiritual enrichment

g. Limitations and adaptive procedures
   1. Wheelchairs
   2. Braces, weights
   3. Electric typewriter with guard
   4. Electric scissors
   5. Talking books using earphones
   6. Carousel slides

A LOOK AT A SCHOOL FOR THE TRAINABLE RETARDED

A large, multi-purpose residential institution for the mentally retarded can provide a wide range of in-depth services for its residents. Among such programs at Whitten Village is Circle School for the "trainable" resident. This is the moderately to severely retarded person whose IQ is between 30 and 50.

Here, in eleven classrooms, a multi-purpose gymnatorium and a playground, a staff of eighteen teachers and two administrators serve 200 to 225 pupils. The pupil population ranges in CA from six to over twenty and work in programs ranging from kindergarten to community adjustment classes for young adults. The elementary wing includes classes for severely retarded children whose hyperactivity, aggressiveness, propensity to seizures, short attention span and other impediments to learning require one-to-one behavior modification techniques. Students who are thought to be suitable for placement in EMR cottages in the campus area receive specialized preparation for the transition to more independent living: practice in punctuality, decision-making, dress and behavior, clothing care, etc. Less capable students destined for more dependent life style receive help in acquiring a maximum capacity for self-direction, reliability and the ability to live less passively in a sheltered environment.

Students' academic skills (reading, danger word recognition, functional arithmetic, perceptive awareness of their environment and so on) are developed to each individual's optimum skill level.

Every student shares in physical education programs which develop strength, stamina, responsiveness to commands, agility and coordination. Physical education activities (which become progressively more challenging and which move from free play to group activity) develop teamwork, a willingness to take turns and share an adult with others, and an ability to accept failure or success gracefully.

Music, like physical education, provides "fun" activities as well as the opportunity to work as a group member. The music program, which reaches every student (including those in behavior modification classes), provides a variety of opportunities which range from simply exposing the child to musical activities to individual lessons in piano, chord organ, etc. Semi-annual programs for Parent-Teacher Conference Days include simple instrumental music, choral selections, and rather complex dance routines.

Programs in Activities of Daily Living provide experiences and training in household chores and advanced self-care skills such as personal sewing and simple cooking, laundry, ironing, and home-maintenance duties. One important benefit of these programs is to make the trainable-level child more acceptable in the home situation, increasing the likelihood of his return to the community.

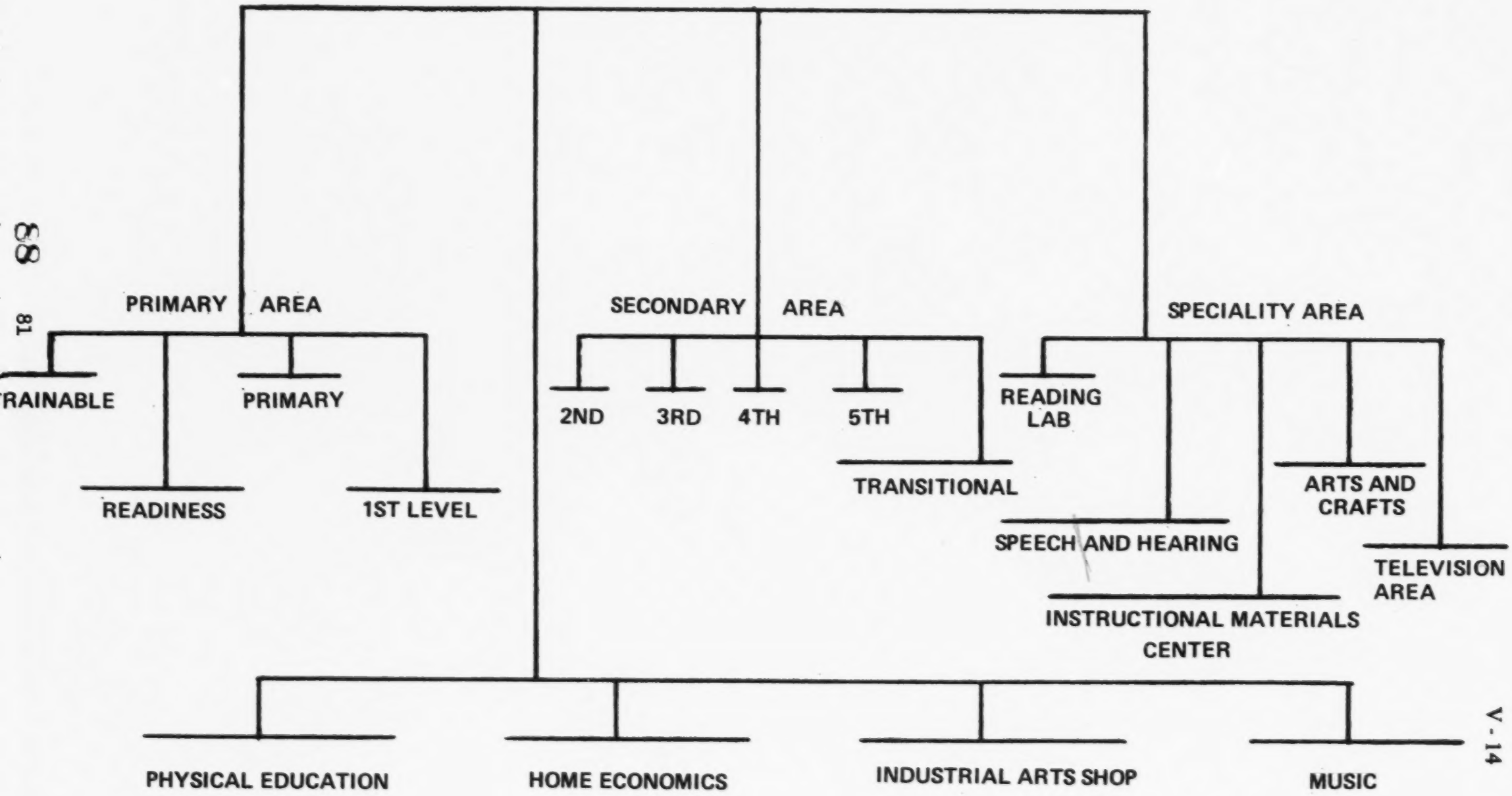
In manual arts activities, teenagers and young adults work on community-service projects such as "sit-upon" stools for the small children, doorstops and letter-holders for cottage parents, and other projects which give them the true feeling of helpfulness to others and of having created something useful.

A LOOK AT A SCHOOL FOR THE TRAINABLE RETARDED (cont'd)

As a school year progresses the latter two programs include on-site training in cottage maintenance and child-care duties, in the hope that the student may later find satisfaction and fulfillment in responsible duties in his institutional community, in a cottage, on a playground, in the laundry or sheltered workshop.

It is toward the latter goal--a rich, satisfying life at Whitten Village--that Circle School programs guide most of the student body. Many, however, may someday move to the freer atmosphere of the Campus area, or perhaps into sheltered living and working in their hometowns. The curriculum therefore tries to provide for all eventualities.

ORGANIZATION OF A SCHOOL FOR THE EDUCABLE RETARDED



VOCATIONAL SERVICES

PSYCHOLOGICAL TESTING APPROACHES

Suggested topics for discussion:

1. What should be the goals or objectives of a vocational evaluation program?
   a. Are these goals the same for a disadvantaged population as for a disabled population?
   b. If not, how do they differ?

2. How can psychological tests assist in fulfilling these goals?

3. At what stage in the evaluation process should psychological tests be used?

4. What should be the goals or objectives of psychological testing in vocational evaluation?
   a. Are these goals the same for a disadvantaged population as for a disabled population?
   b. If not, how do they differ?

5. What specific psychological tests are appropriate for use with disadvantaged clients?
   a. Intelligence Tests
   b. Aptitude Tests
   c. Achievement Tests
   d. Interest Inventories
   e. Personality Inventories
   f. Dexterity Tests
   g. Other appropriate tests

6. What procedures should be employed in using psychological tests with disadvantaged clients?
   a. Order in which tests should be administered.
   b. Number of tests that should be administered per day.
   c. Should group or individual testing procedures be used? Why?
   d. Should test instructions be altered or varied?
      (1) If so, in what way?
   e. Should psychological tests be re-administered?
      (1) If so, should the results of several re-administrations be plotted on a learning curve?
   f. Type of orientation that should be used prior to testing.

7. How should test results be interpreted to disadvantaged clients?

8. In general, how should test results be used in an overall program of vocational evaluation?

PSYCHOLOGICAL TESTING APPROACHES (cont'd)

9. Assume that a client has been referred to vocational evaluation. Please rank the order in which the following evaluative techniques should be employed to systematically evaluate that client. If two or more techniques should be used simultaneously, assign the same rank number to those techniques. However, each technique should be used only once.

_____Work Samples

_____Psychological Tests

_____Situational or Workshop Tasks

_____Biographical Data

_____The Evaluation Interview

_____Job Tryouts

_____The Formal Staff Conference

_____Occupational Information

_____Vocational Counseling

_____Informal Conference with Other Staff

10. What are the major advantages of using psychological tests in vocational evaluation of the disadvantaged?

11. What are the major disadvantages or limitations or using psychological tests in vocational evaluation of the disadvantaged?

12. What information can psychological tests provide that other evaluative techniques cannot?

VOCATIONAL SERVICES

JOB TRYOUT APPROACHES

Suggested topics for discussion:

1. What should be the goals or objectives of a vocational evaluation program?
   a. Are these goals the same for a disadvantaged population as for a disabled population?
   b. If not, how do they differ?

2. How can job tryouts assist in fulfilling these goals?

3. At what stage in the evaluation process should job tryouts be used?

4. What should be the goals or objectives in using job tryouts in vocational evaluation?
   a. Are these goals the same for a disadvantaged population as for a disabled population?
   b. If not, how do they differ?

5. What specific types of job tryouts are most appropriate for use with a disadvantaged population?

6. What procedures should be employed in using job tryouts with disadvantaged clients?
   a. Types of instructions to clients and to job tryout instructor or supervisor.
   b. Type of scoring or recording forms.
   c. Should check lists or rating scales be used to structure and record observations on job tryouts?
   d. Approximate number of job tryouts that should be administered to a given client?
   e. Approximate number of days that a client should be involved in job tryout assessment?
   f. Should the instructions and procedure for job tryouts be standardized so that each client receives the same instructions?
      (1) How can they be standardized?
   g. On what basis should particular job tryouts be selected for use with a particular client?
   h. Should one be more concerned with evaluating the process or the product on a given job tryout?
   i. Should job tryouts be re-administered?
      (1) If so, should the results of several re-administrations be plotted on a learning curve?
   j. Type of orientation that should be used prior to placing a client on a job tryout?

JOB TRYOUT APPROACHES (cont'd)

7. How should the results of job tryouts be interpreted to disadvantaged clients?

8. In general, how should the results of job tryouts be used in an overall program of vocational evaluation?

9. Assume that a client has been referred to vocational evaluation. Please rank the order in which the following evaluation techniques should be employed to systematically evaluate the client. If two or more techniques should be used simultaneously, assign the same rank number to those techniques. However, each technique should be used only once.

_____Work Samples

_____Psychological Tests

_____Situational or Workshop Tasks

_____Biographical Data

_____The Evaluation Interview

_____Job Tryouts

_____The Formal Staff Conference

_____Occupational Information

_____Vocational Counseling

_____Informal Conference with Other Staff

10. What are the major advantages of using job tryouts in the vocational evaluation of the disadvantaged?

11. What are the major disadvantages or limitations of using job tryouts in the vocational evaluation of the disadvantaged?

12. What information can job tryouts provide that other evaluative techniques cannot?

VOCATIONAL SERVICES

SITUATIONAL APPROACHES

Suggested topics for discussion:

1. What should be the goals or objectives of a vocational evaluation program?
   a. Are these goals the same for a disadvantaged population as for a disabled population?
   b. If not, how do they differ?

2. How can situational tasks or workshop operations assist in fulfilling these goals?

3. At what stage in the evaluation process should situational tasks be used?

4. What should be the specific goals or objectives in using situational tasks in vocational evaluation?
   a. Are these goals the same for a disadvantaged population as for a disabled population?
   b. If not, how do they differ?

5. What specific types of situational tasks or workshop operations are most appropriate for use with a disadvantaged?

6. What procedures should be employed in using situational tasks with disadvantaged clients?
   a. Type of instructions (oral, written, diagrammatic)
   b. Type of scoring or recording forms
   c. Should check lists or rating scales be used to structure and record observations on situational tasks?
   d. Approximate number of situational tasks that should be administered to a given client?
   e. Approximate number of days that client should be involved in situational assessment?
   f. Should the instructions and procedures for situational tasks be standardized so that each client receives the same instructions?
      (1) How can they be standardized?
   g. On what basis should particular situational tasks be selected for use with a particular client?
   h. Should one be more concerned with evaluating the process or the product on a given situational task?
   i. Should situational tasks be re-administered?
      (1) If so, should the results of several re-administrations be plotted on a learning curve?
   j. Type of orientation that should be used prior to administering situational tasks.

Page 2 cont.
SITUATIONAL APPROACH

7. How should the results of situational tasks be interpreted to disadvantaged clients?

8. In general, how should the results of situational tasks be used in an overall program of vocational evaluation?

9. Assume that a client has been referred to vocational evaluation. Please rank the order in which the following evaluative techniques should be employed to systematically evaluate the client. If two or more techniques should be used simultaneously, assign the same rank number to those techniques. However, each technique should be used only once.

_____Work Samples

_____Psychological Tests

_____Situational or Workshop Tasks

_____Biological Data

_____The Evaluation Interview

_____Job Tryouts

_____The Formal Staff Conference

_____Occupational Information

_____Vocational Counseling

_____Informal Conference With Other Staff

10. What are the major advantages of using situational tasks in the vocational evaluation of the disadvantaged?

11. What are the major disadvantages or limitations of using situational tasks in the vocational evaluation of the disadvantaged?

12. What information can situational tasks provide that other evaluative techniques cannot?

VOCATIONAL SERVICES

WORK SAMPLE APPROACHES

Suggested topics for discussion:

1. What should be the goals or objectives of a vocational evaluation program?
   a. Are these goals the same for a disadvantaged population as for a disabled population?
   b. If not, how do they differ?

2. How can work samples assist in fulfilling these goals?

3. At what stage in the evaluation process should work samples be used?

4. What should be the goals or objectives in using work samples in vocational evaluation?
   a. Are these goals the same for a disadvantaged population as for a disabled population?
   b. If not, how do they differ?

5. What specific work samples are appropriate for use with disadvantaged clients?
   a. TOWER System
   b. JEVS System
   c. Other work samples

6. What procedures should be employed in using work samples with disadvantaged clients?
   a. Type of instruction (oral, written, diagrammatic)
   b. Approximate number of work samples that should be administered to a given client (i.e., entire TOWER or JEVS system)
   c. Approximate number of days that a client should be involved with various work samples?
   d. Should work samples instructions (i.e., TOWER system instructions) be altered for disadvantaged clients? (If so, in what way?)
   e. On what basis should particular work samples be selected for use with a particular client?
   f. Should one be more concerned with evaluating the process or the product on a given work sample?
   g. Should work samples be re-administered?
      (1) If so, should the results be plotted on a learning curve?
   h. Type of orientation that should be used prior to administering work samples.

7. How should work sample results be interpreted to disadvantaged clients?

8. In general, how should work sample results be used in an overall program of vocational evaluation?

WORK SAMPLE APPROACHES (cont'd)

9. Assume that a client has been referred to vocational evaluation. Please rank the order in which the following evaluative techniques should be employed to systematically evaluate the client. If two or more techniques should be used simultaneously, assign the same rank number to those techniques. However, each technique should be used only once.

_____Work Samples

_____Psychological Tests

_____Situational or Workshop Tasks

_____Biographical Data

_____The Evaluation Interview

_____Job Tryouts

_____The Formal Staff Conference

_____Occupational Information

_____Vocational Counseling

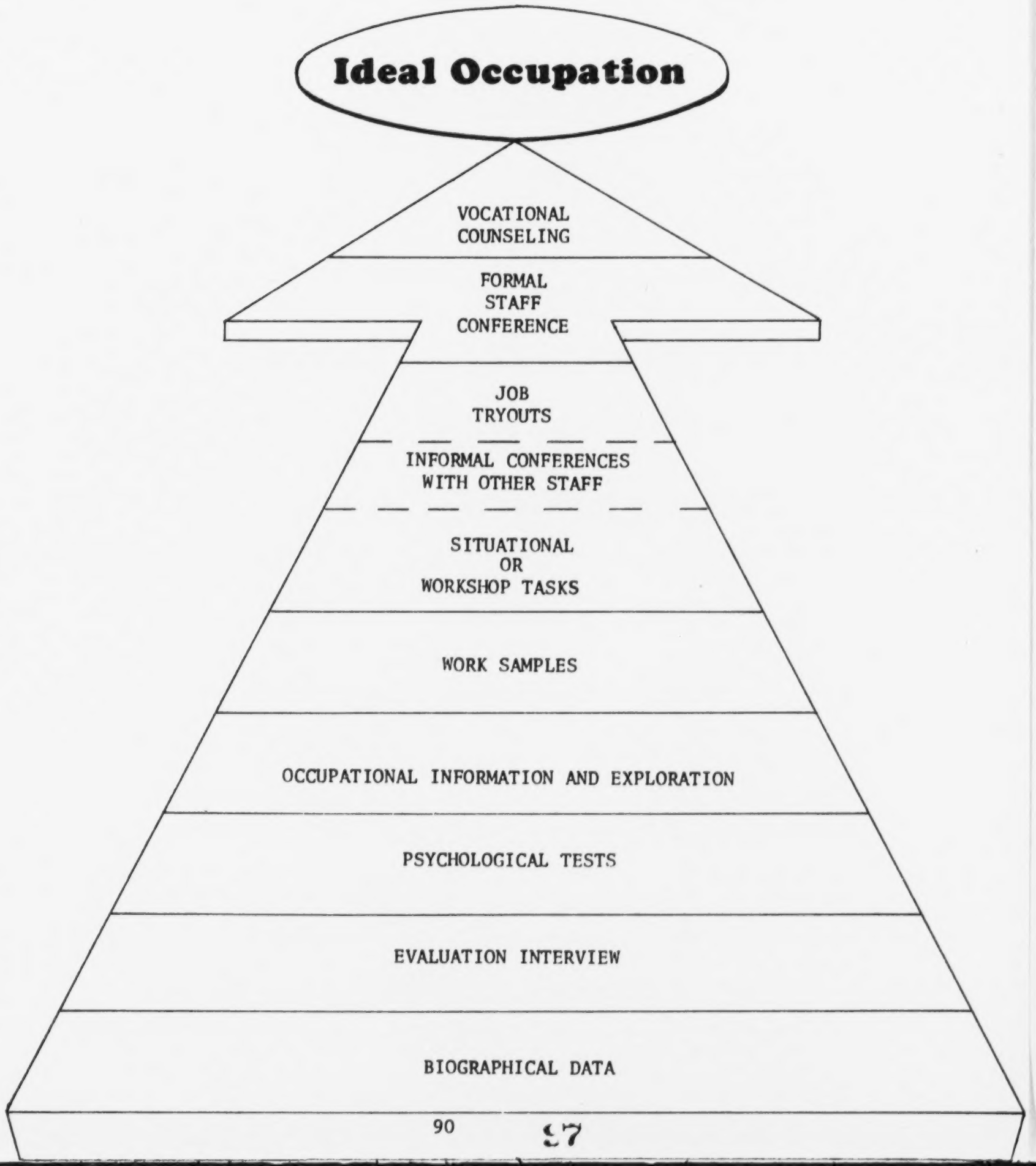
_____Informal Conference with Other Staff

10. What are the major advantages of using work samples in the vocational evaluation of the disadvantaged?

11. What are the major disadvantages or limitations of using work samples in the vocational evaluation of the disadvantaged?

12. What information can work samples provide that other evaluative techniques cannot?

WORLD OF WORK



WORK ACTIVITIES CENTER
EVALUATION REPORT

Employee's Name_____ Date_____

Assignment_____ Date last evaluated_____

I. Work Habits

1. Always on time_____
   Occasionally late_____
   Often late_____

2. Tends to own business_____
   Somewhat of a meddler_____
   Too nosey_____

3. Careful worker_____
   Somewhat careless_____
   Too careless_____

4. Talk does not interfere with work_____
   Somewhat talkative or noisy_____
   Too noisy or boisterous; likes to fool_____

5. Sticks to task_____
   Sometimes wanders away_____
   Often wanders away_____

II. Efficiency

1. Does work well_____
   Work generally satisfactory_____
   Too easily satisfied_____

2. Finishes work on time_____
   Somewhat slow_____
   Works too slowly_____

3. Understands work_____
   Is learning_____
   Can't seem to get "knack"_____

III. Attitudes

1. Gets along well_____
   Occasionally gripes_____
   Troublemaker_____

2. Respectful_____
   Usually courteous_____
   Discourteous_____

3. Obeys rules of job_____
   Usually obeys rules_____
   Pays no attention to rules_____

4. Accepts criticism well_____
   Shows dislike for criticism_____
   Sulks or gets angry when criticized_____

General Rating:

1. Satisfactory_____ 2. Is Improving_____ 3. Unsatisfactory_____

Comments:

Rated by_____ Title_____

VOLUNTEER SERVICE PROGRAMS

Volunteers may offer their services to Whitten Village residents directly or indirectly through any of the following programs:

SERVICE AIDES
R.S.V.P. (RESIDENT SPONSORSHIP VOLUNTEER PROGRAM)
COTTAGE SPONSORSHIP
THE GOODIE GUYS
THE D-A-D PROGRAM (DIME-A-DAY PROGRAM)
SPECIAL EVENTS
DONORS

SERVICE AIDES

This program is open to individuals who want to work directly with residents at The Village. As the program develops, the areas in which volunteers may be utilized will doubtlessly increase. Service Aides are presently assigned to serve as teacher's assistants, tutors, and recreation assistants. The term service aide is sufficiently broad in scope that it can be applied to numerous volunteer activities. With proper training and acceptance, service aides can be used in educational, recreational, medical, religious, and adminitrative areas to supplement the services of the professional staff.

R.S.V.P. (RESIDENT SPONSORSHIP VOLUNTEER PROGRAM)

Individuals and groups may participate in this program. The Resident Sponsorship Volunteer Program entails providing contact for a resident with the community. Residents assigned to sponsors are chosen in cooperation with the Volunteer Services and Social Services. The needs of individual residents and their responses to the friendship offered by sponsorship are criteria for selection of residents to be sponsored. Sponsors extend friendship through correspondence and gifts. Minimum responsibility of the sponsor is a birthday gift, a Christmas gift, and greetings on special occasions. Regular contributions to the resident's canteen fund are optional. A sponsor that is inactive for six months will be notified that his resident is being placed with someone else. This is to emphasize the therapeutic value attached to sponsorship.

COTTAGE SPONSORSHIP

The Cottage Sponsorship program is designed for groups within commuting distance of Whitten Village. A cottage sponsor will be required to plan and execute a leisure-time activity each month for one cottage. Although the sponsor will be asked to work with the same cottage each month during the school year, a sponsor will not be assigned a cottage until a cottage-sponsor relationship is found that will prove mutually advantageous. Summer participation by sponsor is recommended but not required.

THE GOODIE GUYS

Volunteers in this program are individuals residing in the vicinity of Whitten Village who wish to serve indirectly by providing cookies, cakes, and other items on a regularly scheduled or stand-by basis.

THE D-A-D PROGRAM (DIME-A-DAY)

There are a number of residents who have no canteen funds available. The D-A-D program is designed for individuals or groups who want to serve indirectly by providing a dime a day for a resident's canteen fund. Contributions by the D-A-D sponsor may be made monthly, quarterly, semi-annually, or annually. Contributions should be mailed to the Treasurer's Office, Whitten Village, Clinton, S. C. 29325.

SPECIAL EVENTS

This category will be used for one-time or infrequent participants in the voluntteer program. Special-interest groups that wish to work with a series of cottages or groups of residents at various funtional levels will be encouraged to do so. Examples of special events are as follows: seasonal and birthday parties, dance parties, musical ensembles, etc.

DONORS

The Volunteer Service program will acknowledge contributions made in behalf of the entire population or contributions made to a particular resident by a person or persons not a member of the resident's family. Cash contributions will be received by authorized representatives of the Treasurer's Office. Clothing gifts will be received by the Coordinator of Volunteer Services and routed to the appropriate area. Acknowledgement of contributions for a particular resident will be made by letter.

SURVEY FOR UNIT V

Education and Training Practices in Mental Retardation

Please Check		
YES	NO	DO NOT KNOW

1. Only teachers are really able to teach the mentally retarded anything important.
2. The development of recreational activities can assist in meeting the individual needs of the mentally retarded.
3. There is little if any difference between the terms mental retardation and mental illness.
4. Severely and profoundly retarded children can benefit from training experiences.
5. Physical limitations of the physically handicapped mentally retarded hamper their intellectual development and social growth.
6. Most trainable mentally retarded students should be prepared in school for life in custodial situations.
7. Generally, the educable mentally retarded are able to attain a fourth-grade academic level.
8. Most of the residents in institutions have very little ability to learn productive work habits.
9. Volunteers are merely used to add manpower to programs for the mentally retarded.
10. Educational programs for the mentally retarded should only be concerned with the intellectual growth of its students.
11. Attitude and motivation have very little to do with the ability of the mentally retarded to work.
12. It is desirable to provide daily recreational programs for the retarded child which are geared to his mental age and functional ability.
13. Generally, the emotionally disturbed mentally retarded adult is dangerous and should be confined.

YES	NO	DO NOT KNOW	
			14. One way in which severely and profoundly retarded children differ from normal children is in their ability to benefit from unstructured experiences.
			15. Assistive devices (braces, etc.) are often necessary to improve the physical and intellectual growth of the physically handicapped mentally retarded.
			16. Educational programs for the trainable mentally retarded should concentrate on reading and writing.
			17. The educable mentally retarded are unable to reason due to their sub-normal intellectual development.
			18. Observation is one of the best types of evaluation for a student enrolled in vocational education programs.
			19. Educational programs should be developed for the mentally retarded regardless of age and level of retardation.
			20. There is no correlation between the mentally retarded child's physical and intellectual growth.
			21. A therapeutic program for the emotionally disturbed mentally retarded may include a curriculum of arts and crafts, music, recreation, and socialization skill training.
			22. Severely and profoundly retarded children are dependent on repetition for learning.
			23. The physically handicapped mentally retarded are incapable of functioning in society due to their physical and mental handicaps.
			24. There should be at least 15 students per teacher in a classroom for the trainable mentally retarded.
			25. The lecture method is the most effective approach to the education of the educable mentally retarded.

UNIT VI

COTTAGE PRACTICES IN INSTITUTIONS FOR THE MENTALLY RETARDED

VI. COTTAGE PRACTICES IN INSTITUTIONS FOR THE MENTALLY RETARDED: 8 hours

Part A: Responsibilities, Functions, Organization, and Work Programs: 2 hours

Overview: In this part of the unit, trainees will be given an overview of cottage practices and organizations. Goals, responsibilities, and relationships with other programs in an institution are particularly emphasized. Presentation methods include lectures, handouts, and discussions.

Purpose: To provide the trainees information on the:

1. role of the cottage program in an institution
2. levels of operation and supervision of a cottage organization
3. functions and relations of cottage programs with other departments
4. cottage work program and schedule

Objectives: The class will be expected to demonstrate an understanding of:

1. the responsibilities of a cottage program in relation to those of the institution
2. the organizational and supervisory structures of a cottage program
3. the primary functions of a cottage program
4. cottage work tasks and the programming of these tasks

Content:

10 min. 1. Pre-test for the Unit

20 min. 2. Primary Responsibilities of a Cottage Department
   a. caring responsibilities (see Handout 1)
   b. training responsibilities
   c. social responsibilities

20 min. 3. The Cottage Philosophy
   a. the resident
   b. the plant

20 min. 4. The Organization
   a. five levels of supervision (see Handouts 2, 3, and 4)
   b. two groups of workers

20 min.	5.	The Three Functions a. cottage management (see Handout 5) b. direct care of the residents (see Handout 6) c. resident management (see Handout 7)
20 min.	6.	The Work Schedule a. 1st shift, 2nd shift, 3rd shift b. the 6-2-6-3 work schedule
10 min.	7.	The Work Force (see Handouts 8 and 9) a. cottage parents b. working children

Part B: Cottage Administration: Physical Facilities, Resident Groupings, and Programs for Maintaining Health: 2 hours

Overview: In this section, the focus is on the duties of cottage staff according to the types of children placed in the several groupings of cottages in the institution. Practical administrative procedures and problems are emphasized where appropriate. Instructional methods include lectures, handouts, and discussions.

Purpose: To provide the class information about:

1. the operation and functions of the administrative unit
2. programs for maintaining good health
3. program for the administration of medicine
4. facilities for resident care
5. grouping for residents, cottage assignments

Objectives: Trainees will be expected to demonstrate knowledge of:

1. the role of the cottage as an administrative unit
2. cottage programs and procedures for maintaining good health
3. cottage programs for the administration of medicine
4. the physical layout of the cottage
5. the groupings of cottages by intelligence classification, age, and other variables

Content:

30 min. 1. The Administrative Unit
   a. resident folder and ward card
   b. the daily report and day book
   c. child history
   d. chronological record of events

15 min. 2. Physical Layout of a Cottage
   a. dormitory
   b. bath
   c. toilet
   d. clothes room
   e. office
   f. storage

15 min. 3. The Daily Health Program and Reporting of the Sick (see Handouts 10 and 11)

30 min. 4. Procedures for Administering Medicine (see Handout 12)
   a. the steps in giving medicine
   b. the medicine card
   c. the color code cards
   d. the drug record

30 min. 5. Classification, Groupings and the Cottages
   a. the mildly and moderately retarded (see Handout 13)
   b. the moderately and severely retarded (see Handout 14)
   c. the severely and profoundly retarded (see Handout 15)

Part C: Observation of Cottage Operations: 4 hours

Overview: Trainees are divided into two groups and are taken on guided tours of selected cottages. Emphasis is on actual observation of cottage residents and cottage staff in the performance of typical activities and duties.

Purpose: To provide the class an opportunity to:

1. visit the various cottages
2. observe various cottage programs and residents
3. observe the duties and responsibilities of cottage staff

Objectives: The class will be expected to demonstrate knowledge of:

1. the grouping of residents in cottages
2. the variations in programs based upon the grouping of cottages
3. the variations in programs based upon the classification of residents
4. the staff work load in the cottage

Content: Note: Content is for each of two tour groups.

15 min. 1. Orientation of the Cottages by Groupings

90 min. 2. Visitation of Selected Cottages to Observe Procedures and Programs
   a. cottage management and facilities
   b. resident care
   c. resident management
   d. an explanation of the work force and program

15 min. 3. Summary and Post-Test for the unit.

THE MISSION OF COTTAGE PROGRAMS

COTTAGE RESPONSIBILITIES

THE DIRECT CARE OF ALL RESIDENTS AND THE MANAGEMENT OF ALL COTTAGES AND CALLS FOR PROFESSIONAL CARE WHEN NEEDED. ASSISTS IN THE MANAGEMENT OF THE RESIDENTS. THIS INVOLVES MAJOR RESPONSIBILITY FOR TRAINING ESSENTIAL TO SELF-SUFFICIENCY AND SOCIALLY ACCEPTABLE BEHAVIOR.

THE PHILOSOPHY AND GOAL OF THE COTTAGE PROGRAM

THE CARE RENDERED BY COTTAGE PARENTS, LIKE THAT OF NORMAL PARENTS, KNOWS NO BOUNDS. TO CARE FOR THE WELFARE, WELL-BEING AND DEVELOPMENT OF THE RESIDENT IS THE PRIMARY GOAL. HOWEVER, THIS IS TEMPERED BY THE EVER-PRESENT REQUIREMENT TO RESTORE AND REHABILITATE EACH RESIDENT CONSISTENT WITH HIS ABILITY.

THE COTTAGE SUPERVISOR

1. The Shift Supervisor
   Keeps: Time book
   Work schedules
   Leaves - sick
   annual
   holiday

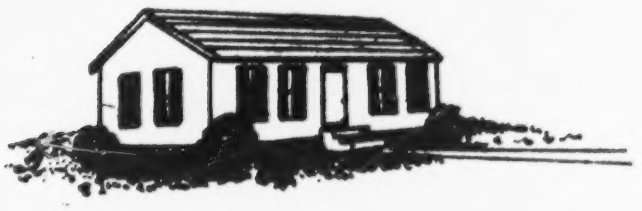
2. The Section Supervisor
   Supervises and evaluates:
   Cottage parents
   Problems
   Working residents
   Special tasks

SPECIAL TASKS OF COTTAGE PARENTS

THE COTTAGE ADMINISTRATIVE UNIT

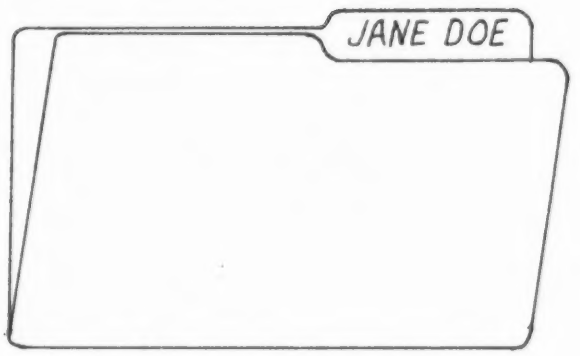
The Cottage Parent:

1. **Manages the Cottage**



2. **Cares for Residents**

3. **Administers the Child's folder and record books**



COTTAGE MANAGEMENT FUNCTION CHECKLIST

TYPE OF TASK	DEFINITION	EXAMPLES	RESPONSIBILITY	
			PRIMARY	SUPPORTING
1. Supervision	Providing for welfare of the residents and for their care	Supervision of and accounting for residents, programs, comings and goings		
2. Cottage Management	Running the cottage	Organizing residents Supply and maintenance setting up work routine		
3. Housekeeping	Cleaning and ordering the cottage	Mopping, washing, making beds, cleaning, sweeping, or supervising residents doing these tasks		
4. Records & memoranda	Accounting and bookkeeping duties	Filling out Daily Report, Daybook or records; accounting for supplies, children's money		
5. Clothing management	Accounting for and keeping clothing and linen neat and clean	Checking laundry in and out; counting and checking clothes mending		

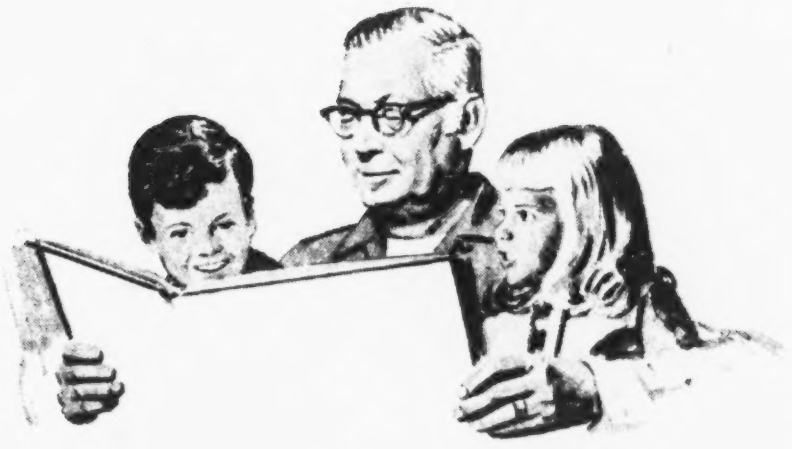
CARE OF THE RESIDENT FUNCTION CHECKLIST

TYPE OF TASK	DEFINITION	EXAMPLES	RESPONSIBILITY	
			PRIMARY	SUPPORTING
1. Maintaining good health	Operation of a program to make & keep residents healthy	Proper exercise, food, rest and personal hygiene		
2. Personal care	Caring for bodily needs	Helping or supervising feeding, bathing, dressing, toileting, etc.		
3. Physical care	Following orders from medical dept., care for physical needs	Giving medicine, treatments, observing and examining for symptoms of illness		
4. Reporting of the sick, disturbed	A request for professional care, medical, psychological consultations	Reporting symptoms, such as temperature, pulse, pain; observation and recording of behavior		
5. Training	Teaching the resident to care for himself; teaching new skills and reinforcing old skills	Teaching personal hygiene, how to bathe, dress, eat, clean teeth, toilet; social skills		

RESIDENT MANAGEMENT FUNCTION CHECKLIST

TYPE OF TASK	DEFINITION	EXAMPLES	RESPONSIBILITY	
			PRIMARY	SUPPORTING
1. Socialization	A paternal interest, warm interrelation with residents	Accepting and playing the parent role, receptive to and treating in a friendly manner		
2. Reward and positive reinforcement	Encouragement of desirable behavior patterns	Reinforce/compliment/reward good behavior, i.e., proper response		
3. Correction	Helping to encourage good behavior	Positive correction such as redo, repeat, extra work, special dress, standing in corner, seclusion		
4. Rejection	Lack of accentance physical or verbal	Ignoring reasonable requests, desires for attention, avoiding physical contact, calling names		
5. Punishment	Actual depriving of rights; actual or threatened abuse physical or verbal	Hitting, threatening, shouting, restraint		

COTTAGE WORK ORGANIZATION



1. The Cottage Parent -

   is responsible for:

   A. Cottage housekeeping

   B. Care of residents

   C. Medication

   D. Resident Activities

   E. Supplies and maintenance

2. The Working Residents -

   can perform under supervision:

   A. Housekeeping tasks

   B. Assist baths

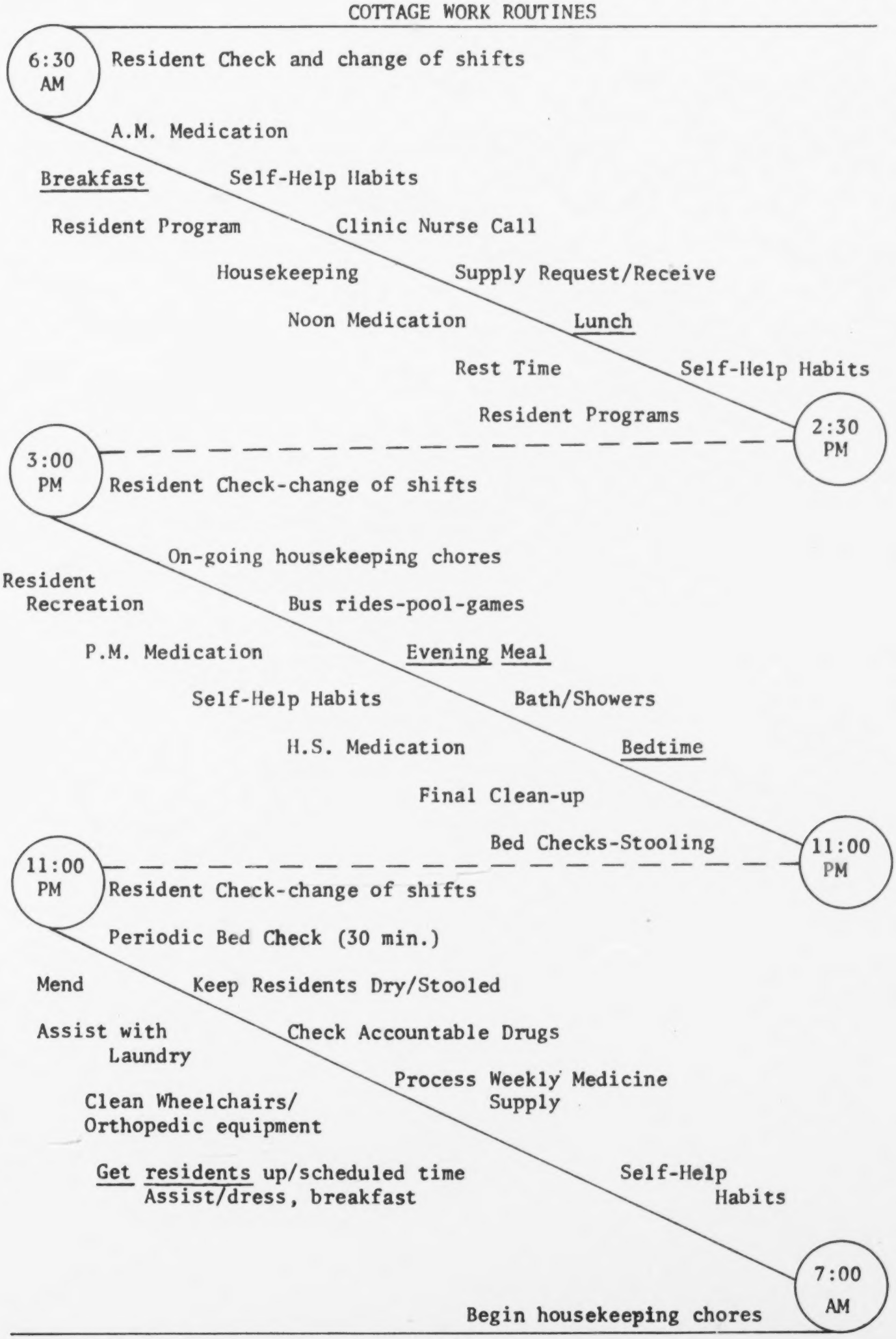
   C. Feed residents

   D. Dining room work

   E. Errands

   and can be assigned to other buildings by the Section Supervisor

COTTAGE WORK ROUTINES



FACTORS IN THE REPORTING OF THE SICK

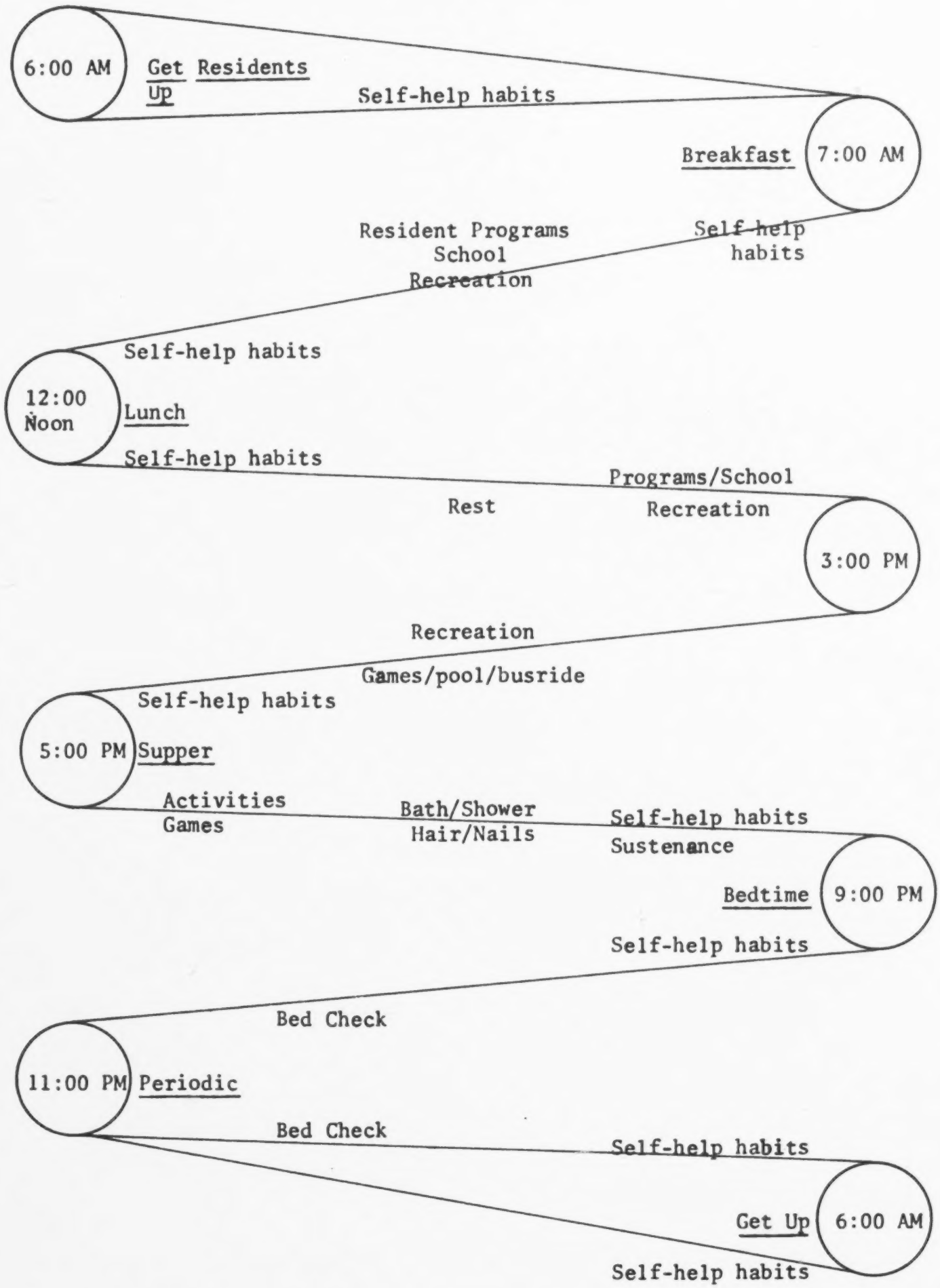
General Appearance	Attitude	Skin - Scalp
1. Coloring	1. Irritable	1. Rashes
2. Posture	2. Moody	2. Cuts
Walking	3. Puny	3. Bruises
Sitting	4. Hyperactive	4. Swelling
Lying down	5. Aggressive	5. Tenderness
3. Twitching	6. Restless	6. Pallor
Spasms	7. Nervous	7. Cold & Clammy
4. Weight change	8. Trembling	8. Scaling
5. Sweating		

Digestive Problems

Input	Processing	Output
1. Appetite	1. Nausea	1. Diarrhea
Up	Gas	2. Constipation
Down	2. Vomiting	3. Spotting
2. Fluids	Pain	4. Fluids

Discharge		Respiratory Problems	
1. Eyes	4. Mouth	1. Breathing	2. Coughing
2. Ears	5. Privates	Rapid	3. Sneezing
3. Nose		Shallow	4. Chills
		Gasping	

COTTAGE SCHEDULE FOR THE
MAINTENANCE OF HEALTH



ADMINISTRATION OF MEDICINE

IN THE COTTAGE

1. Medicine Card → authority: Medical Department

2. Color Code Card → used to make up and give medicine

3. The Five Rights

1 → Right Patient

2 → Right Medicine

3 → Right Dosage

4 → Right Time

5 → Right Route

4. Drug Record → account for medication

COTTAGES FOR THE MILD AND MODERATE

COTTAGE NO.	AGE RANGE	SEX	DESCRIPTION OF RESIDENTS
1A	15-24	Female	Mild & moderate retarded; enrolled in school-vocational work programs
1B	17-33	Female	Vocational work program; also engaged in work outside
2A	8-14	Male	Younger educable boys; all attend school
2B	12-22	Male	Pre-teen and teenage boys; all attend school
3	12-25	Female	Pre-teen and teenage girls; all attend school and vocational work programs
4	10-20	Male	Pre-teen & teenage boys; all attend school and vocational work programs
5	17-51	Female	Educable but primarily engaged in work
6	17-23	Male	Older teenagers & young adults; attend vocational programs and engaged in work
7A	13-31	Female	Enrolled in school & vocational work programs
7B	9-20	Female	Younger girls; all attend school
8A	14-38	Male	Young adults & older teenagers; enrolled in vocational work programs
8B	21-71	Male	Young adults and senior citizens; educable but primarily engaged in work
9	23-68	Female	Young adults and senior citizens; educable but primarily engaged in work
10	12-29	Male	Older teenagers and young adults; attend school and vocational work programs
Motel	17-45	Male	Educable but programmed to work outside

COTTAGES FOR THE MODERATE AND SEVERE

COTTAGE NO.	AGE RANGE	SEX	CLASSIFICATION & DESCRIPTION
15A	4-15	Male	Lower moderate to severely retarded (boys) Enrolled in school
15B	4-15	Female	Lower moderate to severely retarded (girls) Enrolled in school
19A	14-60	Female	Moderate to severely retarded young teenagers and middle-aged adults; engaged in Recreation and Hobby Programs
19B	20-50	Female	Moderate to severely retarded young and middle-aged adults; engaged in Recreation and Hobby Programs
20A	19-50	Male	Moderate to severely retarded middle-aged adults; Reg. working & training schedules; some engaged in Recreation Programs
20B	11-30	Male	Moderate to severely retarded middle-aged adults; engaged in training, work, and recreation programs
21A	12-21	Female	Moderate to severely retarded, enrolled in school, pre-vocational and recreational programs
21B	18-30	Female	Moderate to severely retarded, enrolled in school, pre-vocational and recreational programs
22A	10-16	Male	Moderately to severely retarded, enrolled in school, pre-vocational and recreational programs
22B	15-21	Male	Moderate to severely retarded, enrolled in school, pre-vocational and recreational programs
27A	20-60	Female	Moderate to severely retarded; predominantly engaged in work, pre-vocational and workshop programs
27B	20-60	Female	Moderate to severely retarded; predominantly engaged in work, pre-vocational and workshop programs
29A	20-50	Male	Moderate to severely retarded; predominantly engaged in work, pre-vocational and workshop programs
29B	22-55	Male	Moderate to severely retarded; predominantly engaged in work, pre-vocational and workshop programs

COTTAGES FOR THE PHYSICALLY HANDICAPPED RETARDED

COTTAGE NO.	AGE RANGE	SEX	CLASSIFICATION & DESCRIPTION
26A	6-21	Female	Orthopedic handicapped; enrolled in school and programs for the handicapped
26B	15-40	Female	Orthopedic handicapped; enrolled in school and programs for the handicapped
28A	5-16	Male	Orthopedic handicapped; enrolled in school and programs for the handicapped
28B	14-47	Male	Orthopedic handicapped; enrolled in school and programs for the handicapped

COTTAGES FOR THE SEVERE AND PROFOUND

COTTAGE NO.	AGE RANGE	SEX	CLASSIFICATION & DESCRIPTION
16A	12-28	Male	Severe to profoundly retarded older teenagers and young adults; enrolled in recreation programs
16B	12-30	Male	Severe to profoundly retarded; some participate in recreation and hobby programs
17A	20-60	Female	Severe to profoundly retarded adults; most do not fit into established programs
17B	30-60	Female	Severe to profoundly retarded adults; some participate in recreation and hobby programs
18A	25-45	Male	Severe to profoundly retarded adults; some participate in recreation and hobby programs
18B	17-65	Male	Severe to profoundly retarded adults; some participate in art and recreation
23A	20-50	Female	Profoundly retarded, some behavior problems; some participate in hobby programs
23B	14-55	Female	Profoundly retarded, some behavior problems; some participate in hobby programs
24A	12-55	Male	Profoundly retarded, some behavior problems; some participate in hobby programs, recreation programs
24B	17-55	Male	Profoundly retarded, some behavior problems; some participate in recreation, hobby programs
25A1	6-16	Male	Profoundly retarded - ambulant
25A2	15-30	Male	Profoundly retarded - ambulant
25B1	6-16	Female	Profoundly retarded - ambulant
25B2	15-30	Female	Profoundly retarded - ambulant

COTTAGES FOR THE SEVERE AND PROFOUND (cont'd)

COTTAGE NO.	AGE RANGE	SEX	CLASSIFICATION & DESCRIPTION
30A	19-65	Male	Senior citizens, moderate to profoundly retarded, stable but declining in activity due to age; some participate in work and recreation programs
30B	30-65	Male	Senior citizens, moderate to profoundly retarded, stable but declining in activity due to age; some participate in work and recreation programs
31A	32-76	Female	Senior citizens, moderate to profoundly retarded, stable but declining in activity due to age; some participate in work and recreation programs
31B	30-70	Female	Senior citizens, moderate to profoundly retarded, stable but declining in activity due to age; some participate in work and recreation programs

SURVEY FOR UNIT VI

Cottage Practices in Mental Retardation

Please Check		
YES	NO	DO NOT KNOW

The cottage program has responsibility for:

1. permitting each child to live with maximum dignity, happiness and usefulness.
2. furnishing complete resident care for the mentally retarded.
3. preparing the individual to return to the community.
4. administering medicines prescribed for residents.
5. requesting professional help for the needs of the sick.
6. daily accounting for special drugs.

The cottage program plays a major role in:

7. educating the individual.
8. developing acceptable social behavior.
9. developing emotional stability.

Cottage parents are responsible for the:

10. academic training of residents.
11. management of the cottage.
12. care and welfare of the resident.
13. management of the resident.
14. Residents are assigned to cottages according to their sex, age and degree of retardation.
15. Since physical care requires the major portion of working time in the cottages, programs for child development are optional in the cottage.

UNIT VII

PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR THE MENTALLY RETARDED

VII. PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR THE MENTALLY RETARDED: 6 hours

Overview: This unit stresses types and causes of orthopedic handicaps, the medical terminology used when describing the physically handicapped, and therapeutic devices and procedures used with the physically handicapped. Purposes, identification, and maintenance of orthopedic equipment are included in the presentation. Demonstration of equipment and observation of various crippling conditions follow appropriate sections of the unit. Instructional methods include lectures, handouts, demonstrations, and practical activities involving the trainee.

Purpose: To present to the trainee information on selected orthopedic problems common in the mentally retarded and subsequent physical and occupational therapeutic measures.

Objectives: Trainees will be expected to:

1. describe the activities of occupational and physical therapists
2. demonstrate knowledge of the gross anatomical structure of the central nervous system as related to brain damage and physical disabilities.
3. recognize common types of orthopedic problems
4. list the purposes of orthopedic equipment
5. recognize different types of orthopedic equipment
6. apply and maintain orthopedic equipment

Content:

10 min. 1. Pre-test for Medical and Auxillary Services Units

50 min. 2. Overview of Physical and Occupational Therapy
   a. application of medical diagnostic findings
   b. goals of therapy
   c. procedures in therapy
   d. demonstration of equipment

30 min. 3. Gross Anatomy of Brain and Nervous System
   a. brain morphology and function (see Handout 1)
   b. spinal cord function
   c. nerve innervation and function

30 min. 4. Common causes of Physical Anomalies
   a. prenatal factors
   b. birth defects
   c. physical trauma
   d. physical agents
   e. cranial abnormalities

90 min. 5. Observation of Physical Disabilities
   a. athetoid cerebral palsy
   b. spastic cerebral palsy
   c. ataxic cerebral palsy
   d. muscular dystrophy
   e. multiple sclerosis
   f. hydrocephalia

15 min. 6. Topographic Terms in Physical Disabilities
   a. monoplegia
   b. paraplegia
   c. hemiplegia
   d. triplegia
   e. quadreplegia
   f. diplegia
   g. double hemiplegia

15 min. 7. Therapeutic Classifications of Physical Disabilities
   a. Class A - patients not requiring treatment
   b. Class B - patients who need minimal bracing and minimal therapy
   c. Class C - patients who need bracing and apparatus and the services of a treatment team
   D. Class D - patients limited to such a degree that they require long-term institutionalization and treatment

1 hr. 8. Demonstration and Practice in Application of Equipment (see Handouts 2, 3, 4, 5, 6, and 7)
   a. putting braces and shoes on children
   b. placing child in wheelchair
   c. properly guiding wheelchairs

1 hr. 9. General Maintenance of Orthopedic Equipment
   a. braces and shoes
   b. wheelchairs
   c. procedures for extensive repair or replacement of equipment

PHYSIOLOGY AND FUNCTION OF CEREBRAL CORTEX

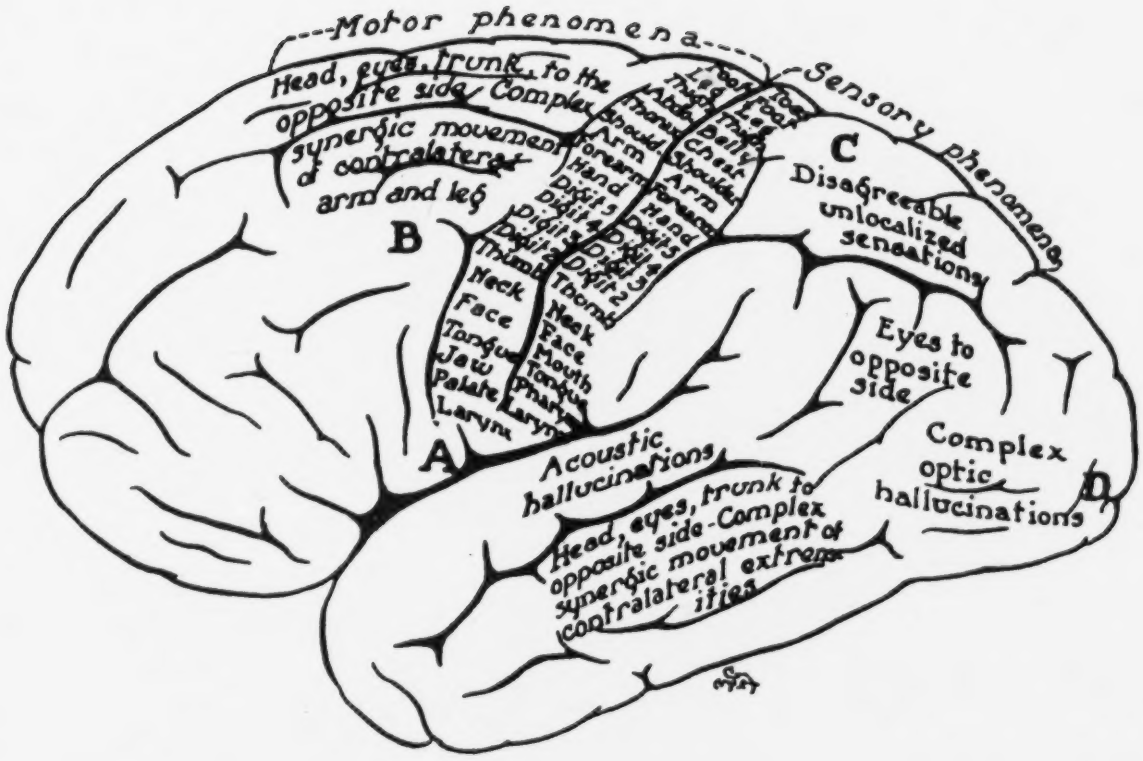


Fig. 1-6. Results of electrical stimulation of the cerebral cortex. A, chewing, licking, and swallowing movements; B, eyes turned to the opposite side without visual aura; C, sensory aura in opposite leg followed by complex synergistic movements; D, unformed optical phenomena such as flames and lights. (After Foerster. Reproduced, with permission, from Bailey: Intracranial Tumors. Thomas, 1933.)

ORTHOPEDIC SHOES

1. Mark Shoes With Name

2. Mark Lockers With Red Stripes

SURGICAL SHOES

1. Laces to Toe

2. Inner Lacing/Clear Plastic Heel

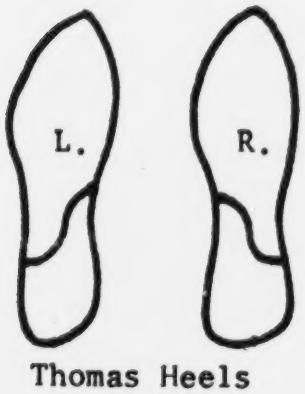
3. Mark "Left" and "Right"
   (No Difference Before Wear)

4. Mark Shoes With Name

5. Mark Lockers With Red Stripes

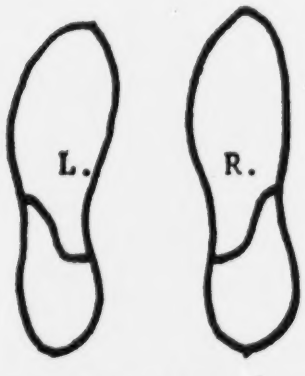
"HEELS"

1. Can be on Any Shoes



Thomas Heels

2. Mark "Left" and "Right"



Reverse Thomas Heels

3. Foot Rolls in

   Support Needed
   Under Arch

4. Foot Rolls Out

   Support Needed On
   Little Toe Side

PROCEDURES FOR ORTHOPEDIC BRACES AND SHOES

CARE AND MAINTENANCE

BRACES - WHEN REMOVED

1. Inspect: a. For proper functioning
   b. Indications of wear
2. Wipe clean with soap and water/Do not get soap or water in joints
3. Report to Orthopedic Clinic
   a. Improper functioning
   b. Unusual wear or tear - If in doubt report

SHOES - WHEN REMOVED

1. Inspect for indications of wear
2. When needed:
   a. Wipe clean with soap and water
   b. Polish and shine
   c. Replace or repair shoe strings - string tip
3. Report to Orthopedic Clinic:
   a. Unusual wear
   b. Damage

PROCEDURES FOR ORTHOPEDIC EQUIPMENT

NEW EQUIPMENT

1. Shoes, braces, splints are prescibed by orthopedic consultants.
2. Clinic on appointed day
   a. Measure for new equipment.
   b. Try on and fit new equipment.
   c. Issue new equipment.
3. Mark shoes.
4. Mark lockers or other storage space.

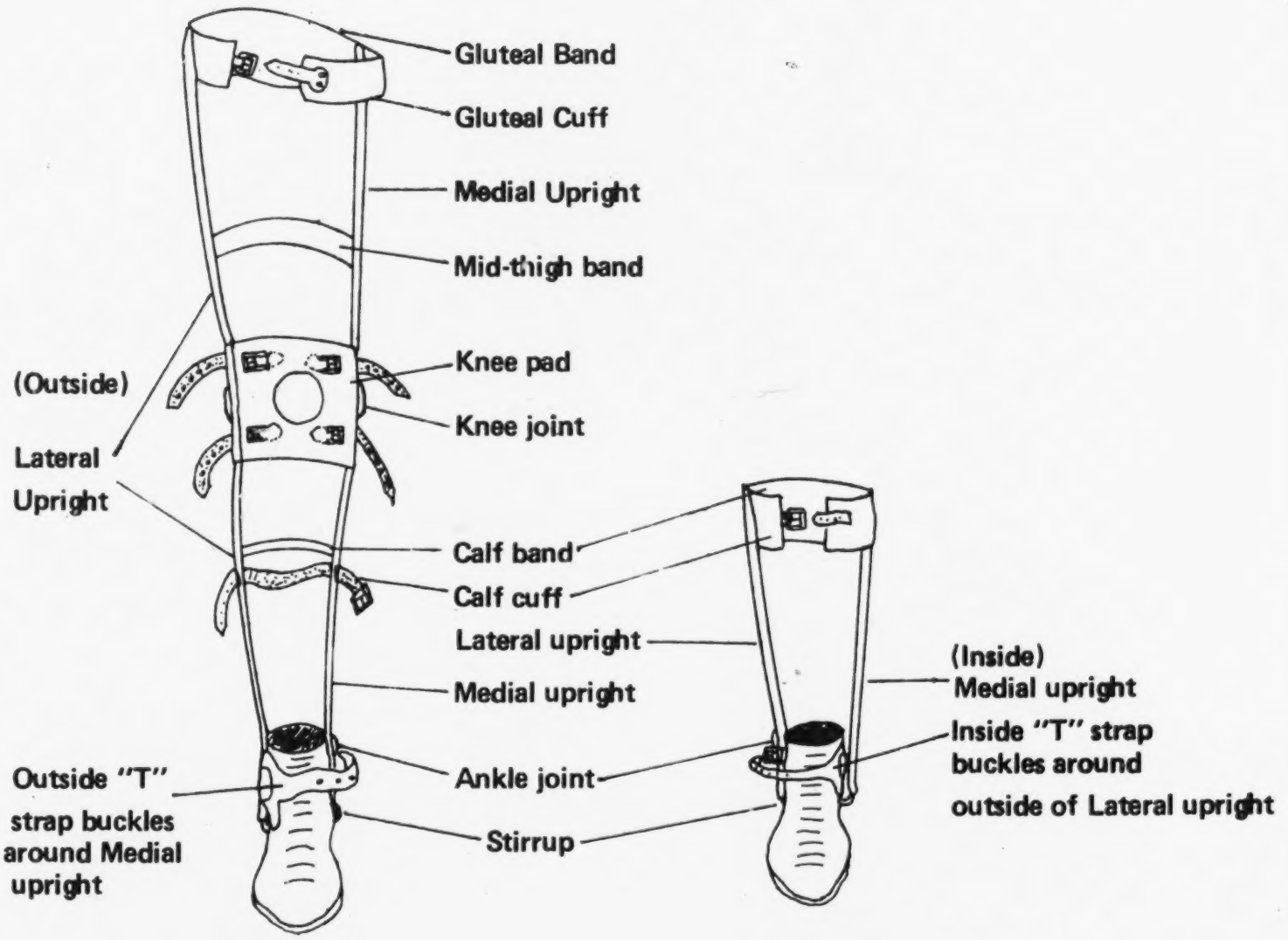
NORMAL WEAR, MAINTENANCE, AND REPAIR

1. Must be put on the child by the cottage parent, teacher or aide.
2. Inspect daily.
3. When shoes begin to wear call the orthopedic center and report the name of the child, the cottage or room, the type of wear, etc.

REQUEST FOR NEW SHOES

1. Call the orthopedic center and report the name of the child, the cottage or room, the type of shoe, etc.
2. When the child is measured at the clinic, send with the child
   a. Old shoes - worn out or too small
   b. Good socks that fit
3. If shoe strings are not available through normal supply, call the orthopedic clinic and give the name of the child, the cottage or room, and the reason for the call.
4. When new shoes are received, mark shoes and enter in record books.

ORTHOPEDIC BRACES



Right Long Leg Brace

Right Short Leg Brace

1. Lateral (outside) upright is longer.
2. Buckles usually fasten to the outside (Lateral).
3. Inside "T" strap supports arch side of ankle.
4. Outside "T" strap supports little toe side of ankle.

OPERATION OF WHEELCHAIRS

OPERATIONS

1. To Push - Use two handles on back - Push Slowly
2. To go up a Rise---such as curb or a step:
   a. Step on balance tube
   b. Tilt chair enough for casters (front wheels) to clear.
   c. Push forward and lower chair until casters touch
   d. Push forward bringing "Big Wheels" first
3. To go down a Rise:
   a. Turn chair around - Go "Big Wheels" first
   b. Put foot on balance tube to control rate of descent of the casters (front wheels)
4. Up a Ramp - Push forward - Go casters first.
5. Down a Ramp - Turn around - Go "Big Wheels" first
6. Rough terrain - Go "Big Wheels" first

WHEN TRANSFERRING RESIDENT

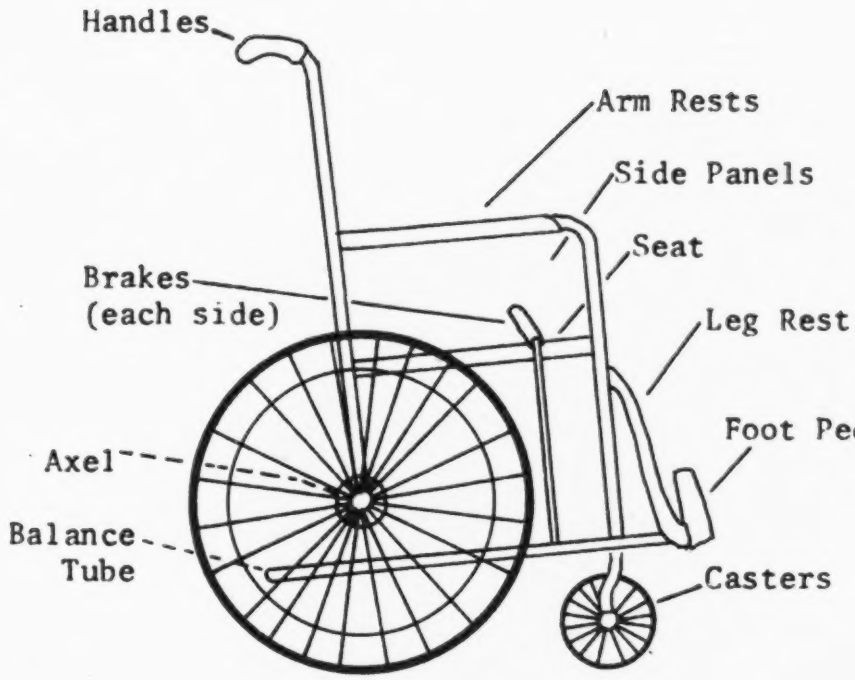
1. Always lock brakes - both sides
2. Lower foot pedals and place feet on them
3. When present - always fasten straps and safety belt

BEFORE OPERATIONS - BE SURE:

1. The wheelchair operates properly
2. Individuals pushing/handling chairs are qualified
3. The resident is safely secured in the chair

WHEELCHAIRS:

Care and Maintenance



Side View

AFTER MEALS:

Wipe seats, back, arms with damp cloth.

EACH NIGHT:

Sweep out with stiff brush (broom)

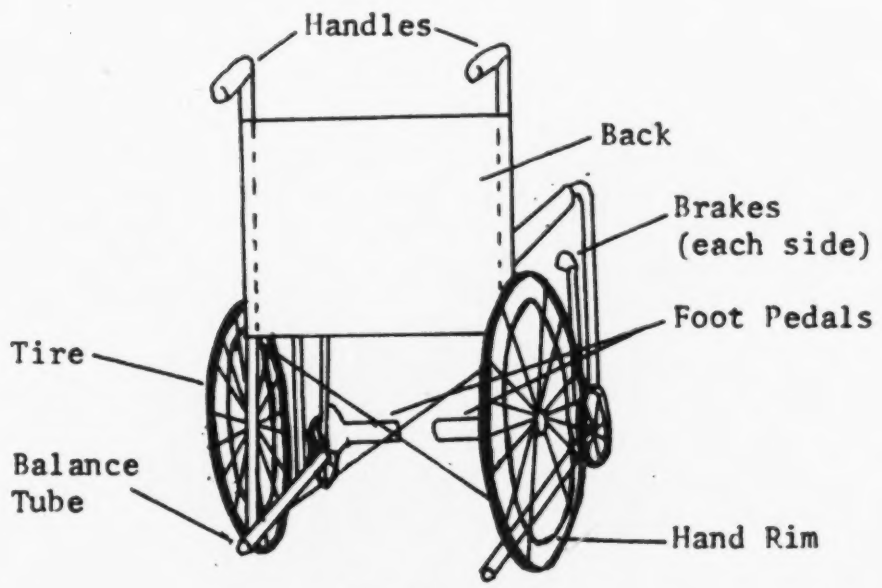
Do Not Wash in Shower

MAINTENANCE:

Inspect each night
 a. proper functioning
 b. cleanliness

REPORT:

Need for repair
 a. Maintenance request or
 b. In Daybook



Rear View

SURVEY FOR UNITS VII, VIII, AND IX

Physical and Occupational Therapy, Medical Services for the Retarded, and Speech and Hearing Services

Please check		
YES	NO	DO NOT KNOW

1. Brain damage occurs before birth.
2. Straight last shoes have a right and left foot.
3. Most cerebral palsy patients are mentally retarded.
4. Most cerebral palsy patients are spastic.
5. The brain controls your muscles.
6. Braces are used just to help the patient walk.
7. Occupational therapy teaches you how to hold a job.
8. Prematurity is one of the primary causes of cerebral palsy.
9. Brain damage can repair itself.
10. The main problem of the athetoid cerebral palsied is relaxation.
11. The main purpose of physical therapy is to teach the patient to walk.
12. The easiest way to identify right and left braces and shoes is to mark them with a pen or magic marker.
13. Most mental retardation is due to organic involvement.
14. A seizure is caused by damage in an area of the brain.
15. Genetic disorders are the cause of mental retardation.
16. An attendant should not give emergency medical treatment.
17. An attendant may give one child's medication to another. in some circumstances.
18. Retardation may result from emotional disturbances.
19. The treatment of mental retardation must include the child and his family.

Please check		
YES	NO	DO NOT KNOW

20. During a seizure an attendant should leave the patient alone.

21. Hearing aids are usually used in the conductive type of hearing loss.

22. Impaired hearing usually causes an individual to hear some speech sounds and not hear others.

23. All hearing aids amplify the same sounds.

24. Poor oral reading is a reliable indication that a child has defective speech.

25. A child's speech should be perfectly articulated by the time he is eight years old.

UNIT VIII

MEDICAL SERVICES FOR THE MENTALLY RETARDED

VIII. MEDICAL SERVICES FOR THE MENTALLY RETARDED: 4 hours

Overview: In this unit emphasis is placed on recognition of clinical types of mental retardation and medical practices with the mentally retarded. Causal factors in mental retardation are discussed in conjunction with a slide presentation of appropriate clinical syndromes. A tour of medical facilities is used to illustrate pertinent aspects of the presentation.

Purpose: To present to the trainees some of the medical problems, medical practices, and clinical syndromes in mental retardation.

Objectives: Trainees will be expected to:

1. recognize certain clinical syndromes in mental retardation and discuss some of the special problems in each

2. demonstrate an understanding of medical causes, treatment, and practices in mental retardation

Content:

1 hr. 1. Causal Factors in Mental Retardation (see Handout 1)
   a. prenatal factors
      (1) maternal infection
      (2) hormonal imbalance
      (3) anoxia
   b. cerebral damage
      (1) fetal position
      (2) toxemia
   c. viral factors
   d. genetic factors
      (1) simple gene effects
      (2) chromosome effects
         a) groups A-G
      (3) heredity and environment

30 min. 2. Hospital and Administrative Procedures
   a. admission procedures
   b. clinic responsibilities
   c. use of pharmacy
   d. use of drugs
   e. distribution of drugs
   f. responsibility of employees

1 hr.	3.	Medical Care of the Retarded a. medical problems related to the retarded b. emergency procedures c. use of equipment d. responsibilities for medication e. first-aid measures f. reporting accidents
30 min.	4.	Long-Term Care of the Non-Ambulatory Retarded a. definition and use of terms b. special facilities available c. tour of facilities
1 hr.	5.	Correlation of Organic, Psyhological and Emotional Findings a. behavior based on brain damage b. emotional symptoms as a correlate of brain damage c. management of problems relating to brain and neurological damage (see Handout 2) d. clinical presentation of types of retardation e. crisis prevention in the emotionally disturbed retarded

OUTLINE OF CAUSAL FACTORS OF MENTAL RETARDATION

I. Genetic Factors

1. Simple Gene effects
2. Chromosome effects
3. Heredity and environment

II. Prenatal Factors In Causation (General)

1. Sources of prenatal damage

a. Maternal infection
b. Hormonal imbalance
c. Chronic maternal illness
d. Drug ingestion
e. Radiation
f. Maternal anoxia
g. Maternal trauma
h. Emotional stress
i. Prematurity

2. Cerebral damage in the premature

a. Fetal position
b. Immaturity of organs
c. Twinning
d. Maternal illness
e. Maternal toxemia
f. Intrauterine growth retardation

III. Prenatal Factors In Causation

1. Viral infections
2. Rubella
3. Cytomegalic inclusion disease
4. Congenital anomalies

a. Herpes Simplex
b. Coxsackie Virus Group B
c. Rubeola
d. Vericella - Herpes Zoster
e. Hepatitis
f. Influenza
g. Poliomyelitis
h. Encephalitides

IV. Intra-partum and Neonatal Factors In Causation

A. Labor and Delivery Problems

1. Three stages of labor
2. Fetal position
3. Uterine anomalies
4. Umbilical cord hazards
5. Pelvic abnormality
6. Birth injury

B. Newborn Period

1. Neonatal health
2. Rh blood incompatability
3. Neonatal mortality

V. Postnatal Factors In Causation

1. Nutritional deprivation and infection
2. Injury
3. Poisoning
4. Suffocation
5. Hypothyroidism
6. Metabolic diseases
7. Other causes - neoplasms
8. Psychiatric factors
9. Craniosynostosis
10. Hydrocephalus

VI. Metabolic Factors

1. Galactosemia
2. Phenylketonuria

VII. Chromosomal Anomalies

1. Diagnosis
2. Cytogenetic findings
3. Evaluation

VIII. Neurological Factors

1. Minimal brain dysfunction
2. Specific disorders of communication
3. Visual or hearing deficits
4. Cerebral palsy
5. Convulsive disorders
6. Emotional disturbances

FUNCTIONAL CLASSIFICATION FOR NEUROLOGICALLY HANDICAPPED CHILDREN

Dysfunction	Clinical Diagnosis	Description
Neuromotor	Cerebral Palsy	Gross and fine neuromuscular incoordination
Intellectual	Mental Retardation (organic)	Subnormal reasoning and learning abilities
Consciousness	Convulsive Disorder	Cortical and/or subcortical instability with resultant distortions of consciousness
Neurosensory	Sensory disorders	Vision and hearing impairments (neurological)
Behavioral	Hyperkinetic- behavior disorders Childhood (?) Schizophrenia	Short attention span, distractability, mood-swing withdrawal from environment
Perceptual	Perceptual disorders	Visuomotor, tactile, or auditory distortions contributing to learning disorders and the establishment of relationships

UNIT IX

SPEECH AND HEARING SERVICES FOR THE MENTALLY RETARDED

IX. SPEECH AND HEARING SERVICES FOR THE MENTALLY RETARDED: 4 hours

Overview: In presenting the information regarding speech and hearing services, an informal lecture discussion method is used primarily, supplemented by field trips and demonstrations. A brief discussion of the ear emphasizes the morphology of the outer ear, middle ear, inner ear, and retrocochlear passage and abnormalities associated with different parts of the ear. Tape recordings of filtered speech are used to illustrate different degrees and forms of hearing impairments. Tapes are also used to indicate the effect a hearing impairment has upon speech. The presentation of the basic information pertaining to speech pathology is presented primarily in lecture form with time allotted at the end of the session for questions. This information includes the following areas: normal development of language and speech; differentiation between the terms language and speech; criteria for determining whether or not speech is defective; and the incidence of the various speech defects among the mentally retarded. Recorded samples of defective speech are presented to emphasize the necessity of speech programs for the retarded. This session concludes with a review of procedures for making speech referrals.

Purpose: To familiarize the participants with speech and hearing procedures and facilities for the mentally retarded.

Objectives: Participants, by the end of the section, will be expected to demonstrate an understanding of:

1. the speech and hearing handicapped person
2. the nature of a speech and hearing problem
3. roles of persons involved with speech and hearing handicapped individuals
4. facilities for the speech and hearing handicapped person

Content:

50 min.

1. The Speech and Hearing Handicapped Person
   a. communication problem
   b. how the speech and hearing handicapped person is perceived by others
   c. the psychological effect of a speech and hearing problem

80 min. 2. The Nature of a Speech and Hearing Handicap

a. hearing
   (1) audiological procedures
   (2) the hearing mechanism (see Handout 1)
      a) outer ear
      b) middle ear
      c) inner ear
      d) retrocochlear passage
   (3) hearing impairment (see Handout 2)
      a) degree of impairment
      b) form of impairment
      c) type of impairment
      d) effect of impairment on speech
   (4) auditory rehabilitation or habilitation (see Handouts 3a and 3b)
      a) conductive (medical) loss
         1) medical procedures
         2) amplification
      b) sensori-neural (nerve) loss
         1) therapy
         2) amplification
      c) retrocochlear lesion
         1) VIIIth nerve
         2) auditory agnosia

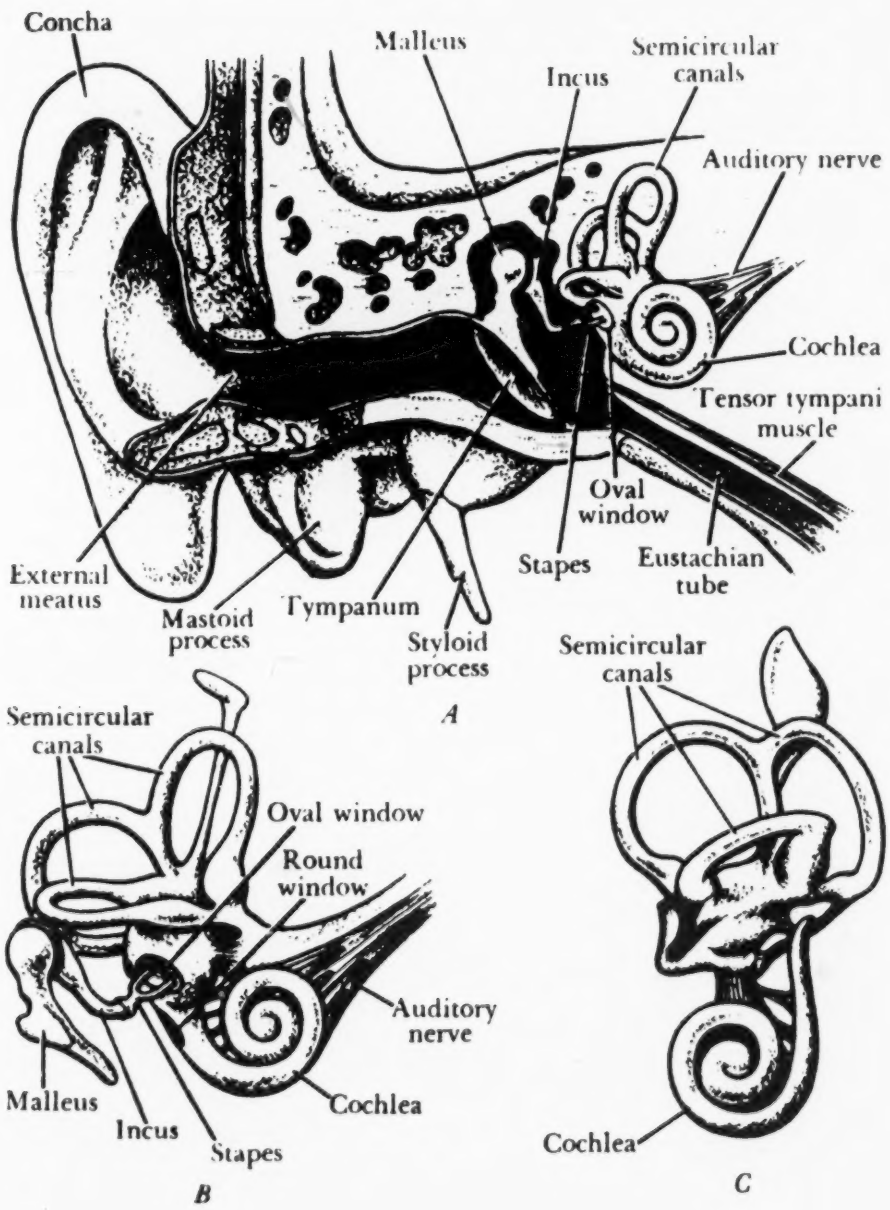
b. speech
   (1) introduction to speech pathology
      a) basic information
         1) normal development of speech and language (see Handout 4)
         2) differentiation between speech and language
         3) what constitutes a speech defect
      b) types of speech and language defects
         1) articulatory defects
         2) stuttering
         3) voice defects
         4) cleft palate
         5) cerebral palsy speech
         6) delayed speech
         7) language impairment
         8) hearing impaired

50 min. 3. Role of Persons Involved with Speech and Hearing Handicapped Persons (see Handout 5)
   a. professional
   b. non-professional

50 min. 4. Facilities and Programs for the Speech and Hearing Handicapped Person
   a. tour of speech and hearing facilities
   b. demonstration of therapeutic techniques

10 min. 5. Post-test for Units on Medical and Auxillary Services

CROSS-SECTION OF THE EAR



FORM FOR AN INDIVIDUAL HEARING TEST

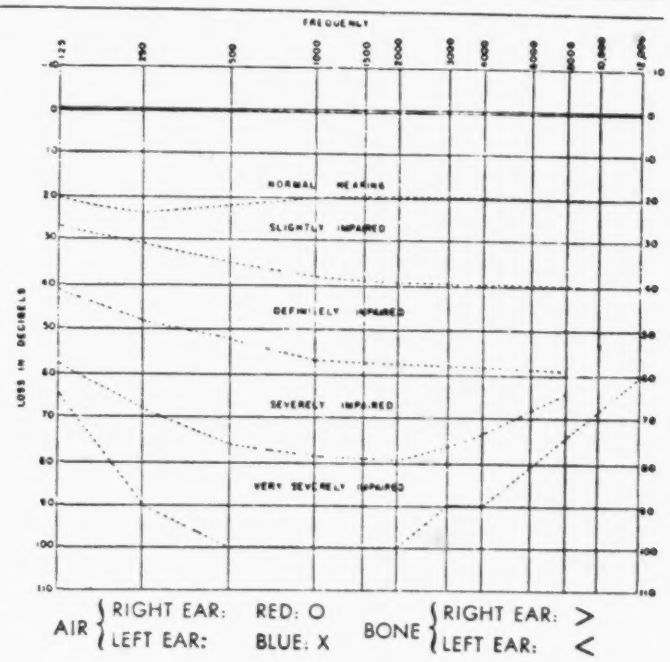
NAME _____ AGE ____ BIRTHDAY _____ BOY ____ GIRL ____ GRADE ____ TEACHER _____ DATE _____

SCHOOL _____ DISTRICT NO. _____ COUNTY _____

NAME OF PARENT _____ AUDIOLOGIST _____

HOME ADDRESS _____

1. DO YOU HAVE A COLD NOW? _____ MANY COLDS? _____
2. HAVE YOU EVER HAD AN EARACHE? _____ RT _____ LT _____ BOTH _____
   ONCE _____ SELDOM _____ OFTEN _____
3. HAVE YOU EVER HAD A RUNNING EAR? _____ RT _____ LT _____ BOTH _____
   ONCE _____ SELDOM _____ OFTEN _____
4. HAVE YOU EVER HAD YOUR EARS TREATED BY A DOCTOR? _____
5. HAVE YOU EVER HAD A MASTOID OPERATION? _____ WHAT AGE? _____
6. HAVE YOU EVER HAD YOUR TONSILS AND ADENOIDS REMOVED? _____
7. HAVE YOU HAD NOISES LIKE BUZZING OR ROARING IN YOUR EARS? _____
8. IS ANY MEMBER OF YOUR FAMILY HARD OF HEARING? _____
9. DO YOU HAVE DIFFICULTY HEARING WHAT OTHERS SAY TO YOU? _____
10. HAVE YOU REPEATED ANY GRADES IN SCHOOL? _____
    IF SO, WHAT ONES? _____
11. WHERE DID YOU SIT IN THE CLASSROOM? FRONT _____ BACK _____
    LEFT _____ RIGHT _____ MIDDLE _____
12. ENCIRCLE THE DISEASES YOU HAVE HAD: HAY FEVER - SINUS INFECTION - CHICKEN POX - SCARLET FEVER - WHOOPING COUGH - MUMPS - MEASLES - SMALL POX - PNEUMONIA - DIPTHERIA - HIGH FEVER.



RECOMMENDATIONS:

_____ MEDICAL EXAMINATION

_____ RETEST IN _____ MONTHS

UNTIL HEARING IS IMPROVED:

_____ SPECIAL SEATING: FRONT ____ RT ____ LT ____

_____ LIP READING

_____ SPEECH CORRECTION

_____ POSSIBLE ADMISSION TO SPECIAL CLASS

COMMENTS:

LOSS RT _____ db _____ db

LOSS LT _____ db _____ db

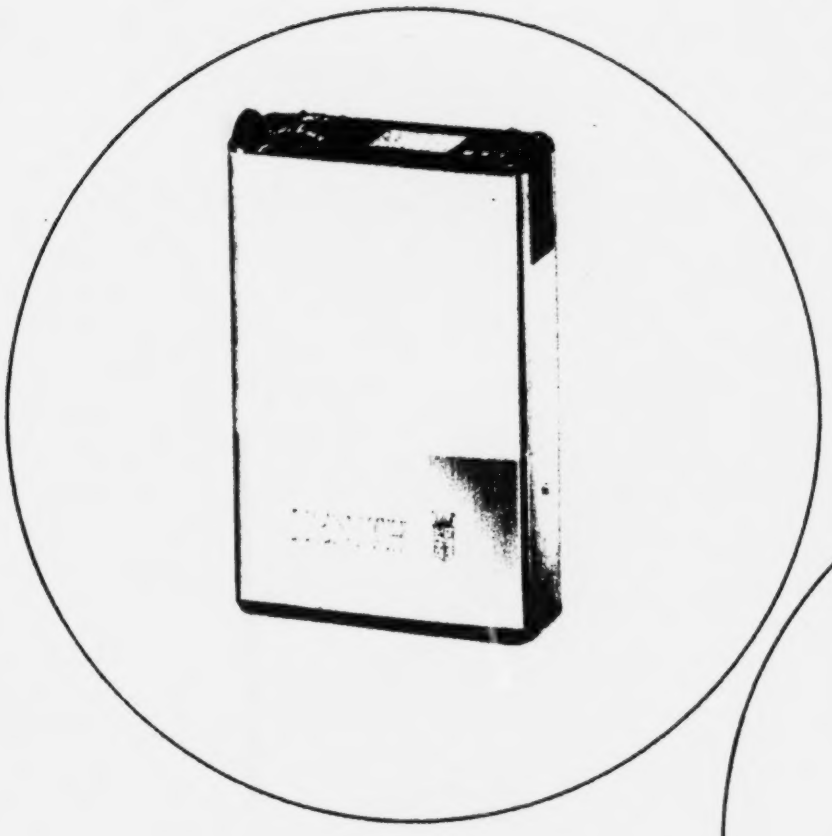
A. M. A. _____ % HEARING LOSS

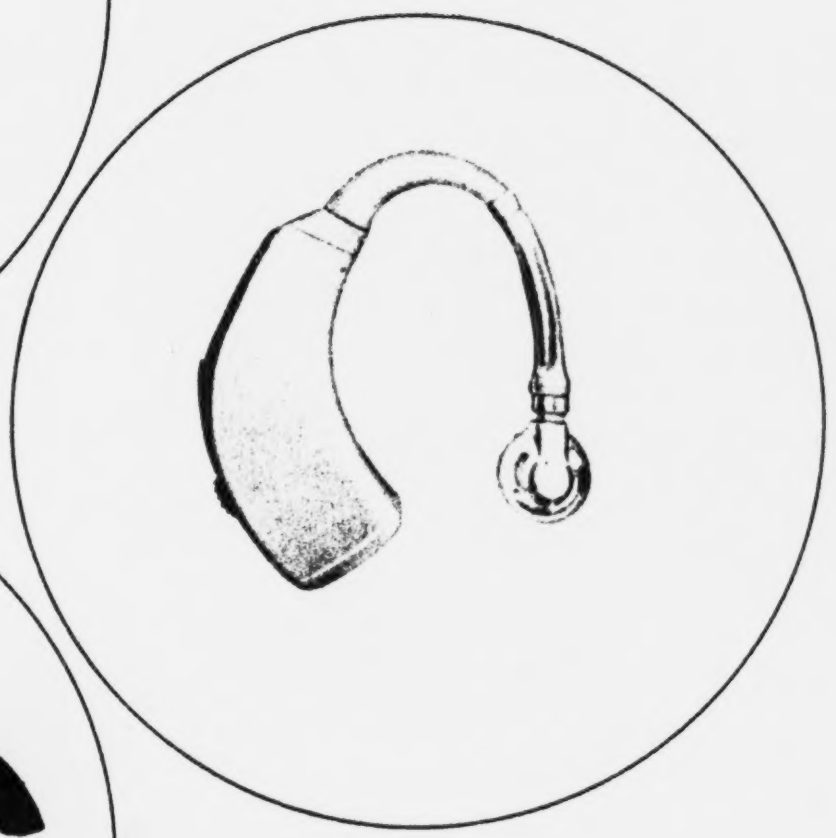
142

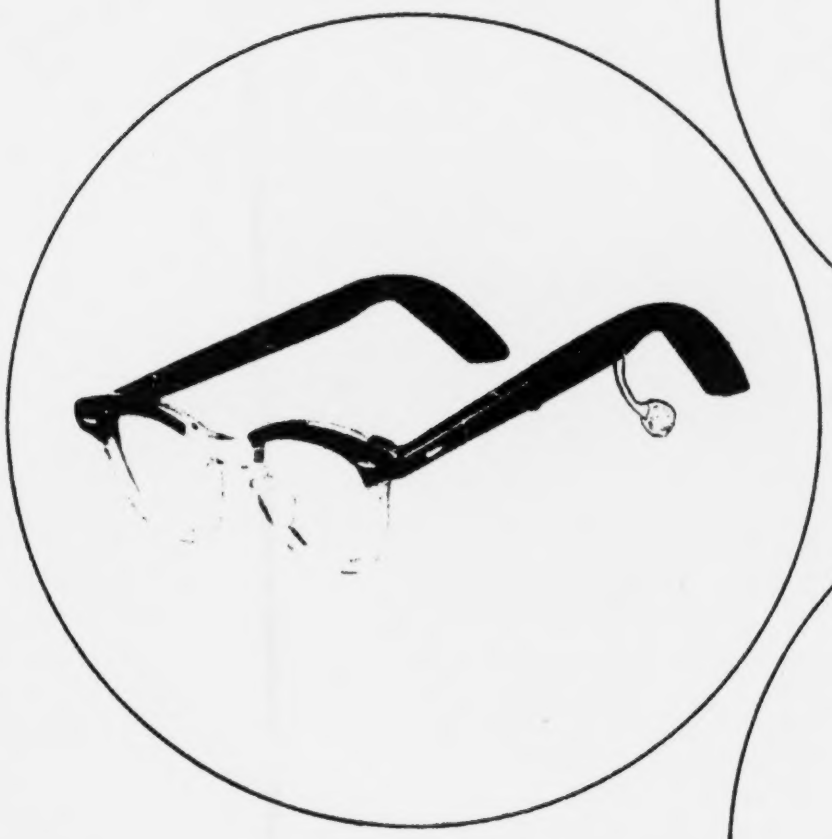
149

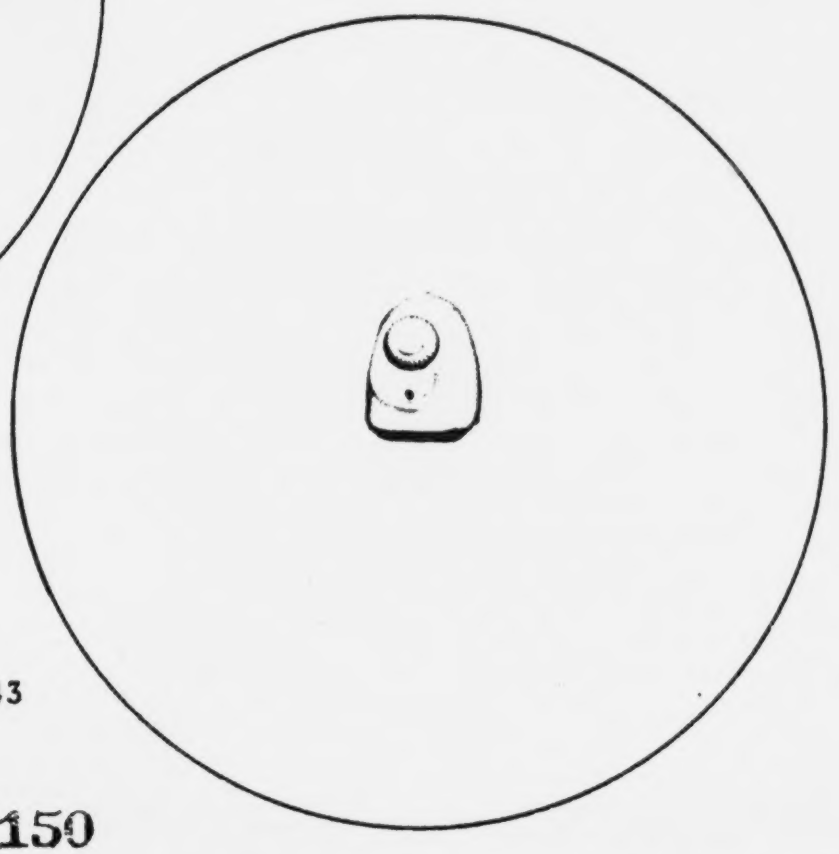
IX - 2

Types of Hearing Aids



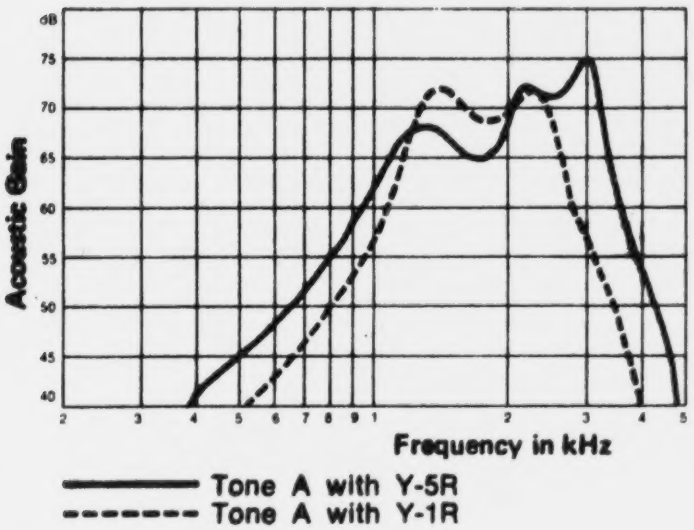




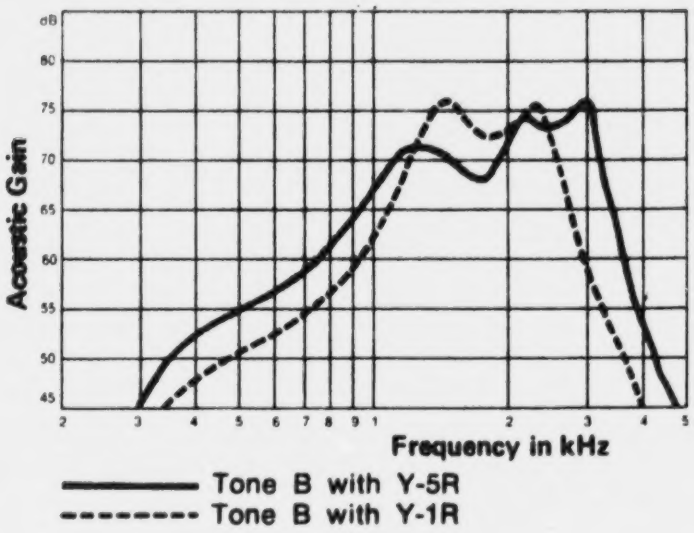


FREQUENCY RESPONSE

Tone A



Tone B



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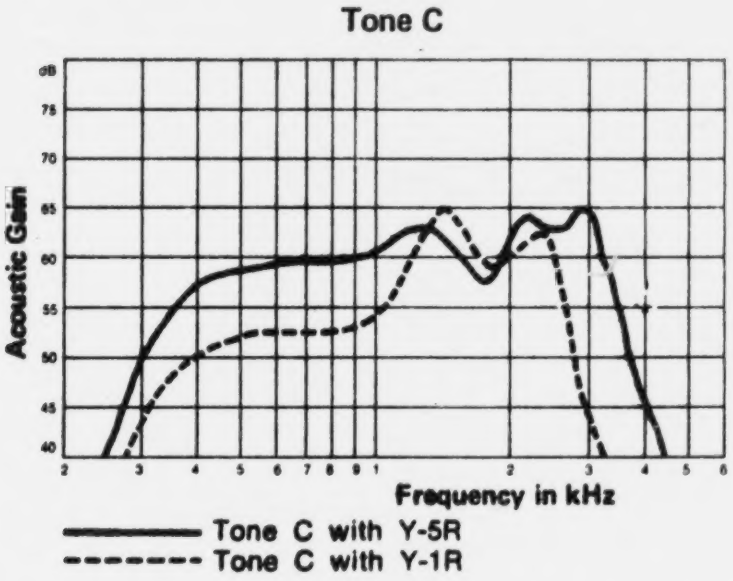

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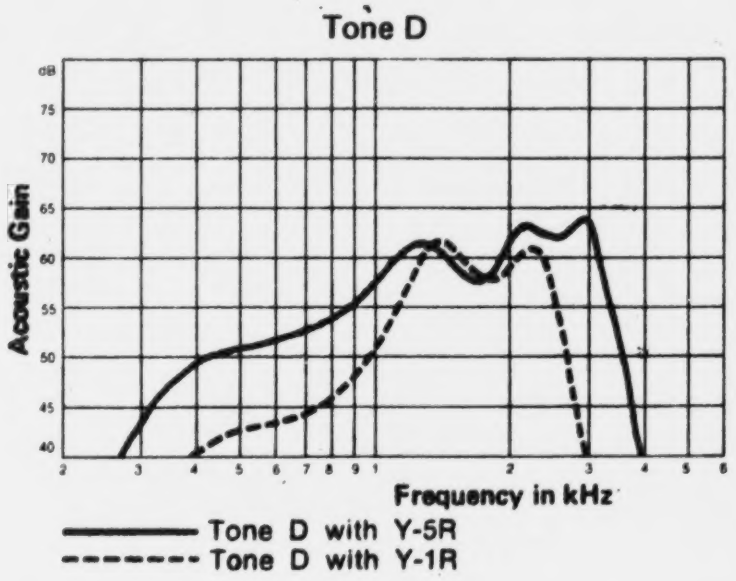

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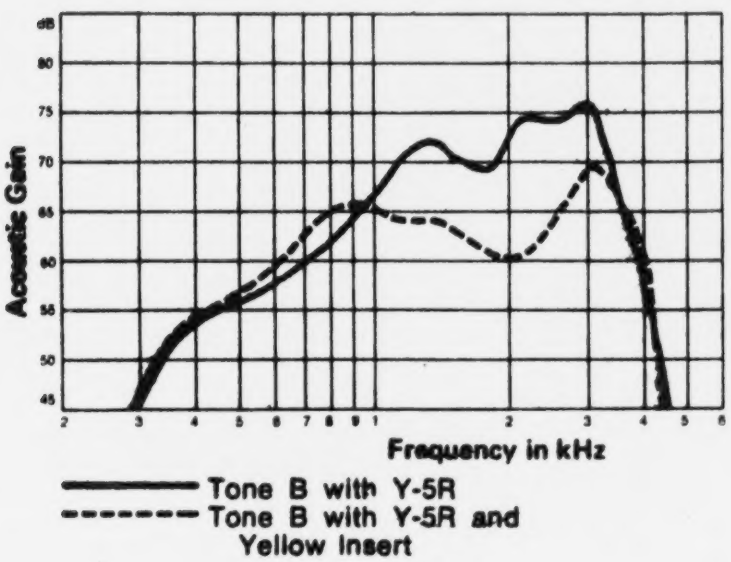
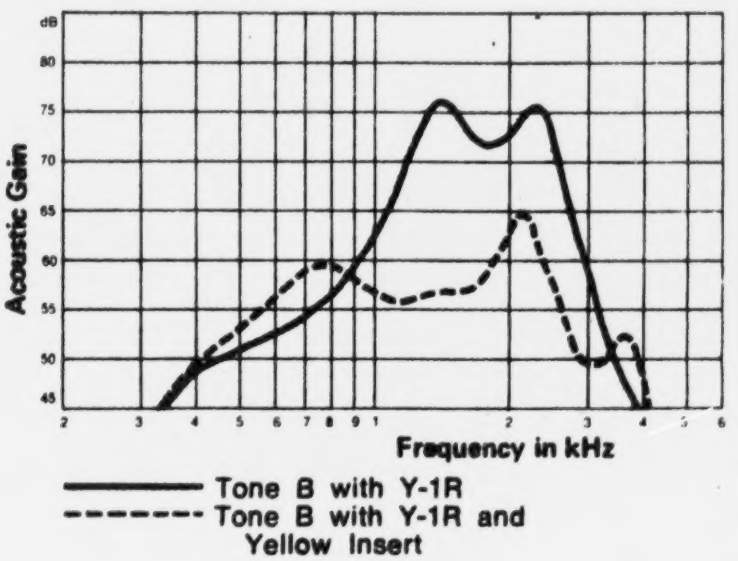




CHRONOLOGICAL DEVELOPMENT OF SPEECH FROM BIRTH TO EIGHT YEARS OF AGE
General Characteristics

Age Months		Vocabulary Words	Articulation
1	Crying: related to causes and circumstances		
2	Some differential vocalization -- cooing and babbling		
3	Coos and smiles when looked at		
4	Babbling; uses sound to get attention; laughs, chuckles		
5	Specific vocalization (displeasure when object removed)		
6	Babbling increasing; vocalizes to mirror image		
7	Lalling begins (movements of tongue with vocalization)		
8	Vocalizes recognition		
9	Combines syllables; copies sounds heard; echolalia	1	
12	Echolalia continues; first words	1-3	Vowels
18	Fluent jargon; one-word sentences	18-22	
Years			
2	Two-word sentences; naming; begins to use personal pronouns	300	
2 1/2	Three-word sentences; repeats syllables	450	h, w, hw
3	Uses language to tell stories; speech understood	900	n, b, m
3 1/2	Speech dysfluencies, concepts expressed with words; complete sentences, sentence length 4-5 words	1200	t, d, n

CHRONOLOGICAL DEVELOPMENT OF SPEECH (cont'd)

Age Years		Vocabulary Words	Articulation
4	Imaginary speech; very verbal; motor development	1500	k, g, ng
5	Language complete in structure and form; can tell stories; less concrete; complex sentences	2200	f, v
6	Learns to read; intelligibility of speech is excellent		l, r, y s, z, sh
7	Increases in complexity of sentence structure	Increasing	ch, zh
8	Speech should be "perfectly" articulated	Increasing	th (voiced and unvoiced)

WHEN TO REFER A CHILD FOR A SPEECH AND HEARING EVALUATION

The doctor, the teacher and the parent should be concerned about the child's speech and seek the services of a speech and hearing clinic when any one or more of the following conditions exist:

1. The child is not talking at all by age two.
2. Speech is largely unintelligible after age three.
3. There are many omissions of initial consonants after age three.
4. There are no sentences by age three.
5. Sounds are more than a year late in appearing, according to developmental sequence.
6. There are many substitutions of easy sounds for different ones after age five.
7. The child uses mostly vowel sounds in his speech.
8. Word endings are consistently dropped after age five.
9. Sentence structure is noticeably faulty at five.
10. The child is embarrassed and disturbed by his speech at any age.
11. The child is distorting, omitting, or substituting any sounds after age seven.
12. The child is noticeably nonfluent after age five.
13. The voice is a monotone, extremely loud, largely inaudible, or of poor quality.
14. The pitch is not appropriate to the child's age and sex.
15. There is noticeable hypernasality or lack of nasal resonance.
16. There are unusual confusions, reversals, or telescoping in connected speech.
17. There is abnormal rhythm, rate, and inflection after age five.

NOTE: Above criteria were developed by Herold S. Lillywhite, PH.D., Associate Professor of Speech Pathology, Department of Pediatrics Director of Speech and Hearing, Crippled Children's Division University of Oregon Medical School.

SURVEY FOR UNITS VII, VIII, AND IX

Physical and Occupational Therapy, Medical Services for the Retarded, and Speech and Hearing Services

Please check		
YES	NO	DO NOT KNOW

1. Brain damage occurs before birth.
2. Straight last shoes have a right and left foot.
3. Most cerebral palsy patients are mentally retarded.
4. Most cerebral palsy patients are spastic.
5. The brain controls your muscles.
6. Braces are used just to help the patient walk.
7. Occupational therapy teaches you how to hold a job.
8. Prematurity is one of the primary causes of cerebral palsy.
9. Brain damage can repair itself.
10. The main problem of the athetoid cerebral palsied is relaxation.
11. The main purpose of physical therapy is to teach the patient to walk.
12. The easiest way to identify right and left braces and shoes is to mark them with a pen or magic marker.
13. Most mental retardation is due to organic involvement.
14. A seizure is caused by damage in an area of the brain.
15. Genetic disorders are the cause of mental retardation.
16. An attendant should not give emergency medical treatment.
17. An attendant may give one child's medication to another. in some circumstances.
18. Retardation may result from emotional disturbances.
19. The treatment of mental retardation must include the child and his family.

Please check

YES	NO	DO NOT KNOW	
			20. During a seizure an attendant should leave the patient alone.
			21. Hearing aids are usually used in the conductive type of hearing loss.
			22. Impaired hearing usually causes an individual to hear some speech sounds and not hear others.
			23. All hearing aids amplify the same sounds.
			24. Poor oral reading is a reliable indication that a child has defective speech.
			25. A child's speech should be perfectly articulated by the time he is eight years old.

UNIT X

THE INSTITUTION AND THE COMMUNITY

X. THE INSTITUTION AND THE COMMUNITY: 12 hours

Part A: Adjunctive Services by Institutions to the Non-institutionalized Mentally Retarded: 4 hours

Overview: Instructors use discussion, description, and examples of outpatient services for the mentally retarded to establish the idea of the institution as a regional center and thus a complementary part of a network of services to the mentally retarded.

Purpose: To introduce trainees to the array of services offered by agencies within institutions to the mentally retarded in communities.

Objectives: Trainees will be expected to:

1. name some services provided by the institution to non-institutionalized persons in the service area
2. tell how pertinent departments are involved in such services
3. demonstrate an understanding of the role of the institution in helping the non-resident retarded population

Content:

30 min. 1. Orientation and Pre-test for the Unit

30 min. 2. Overview of Community Services and Their Influences on Trends in Institutionalization of the Retarded

60 min. 3. The Institution as a Source of Services to the Non-institutionalized Mentally Retarded

30 min. 4. Specialized Outpatient Services
   a. day school enrollees
   b. short-term admissions
   c. summer admissions
   d. medical services
   e. psychological services

30 min. 5. Short-term Summer Admissions
   a. number served
   b. how chosen
   c. program description

60 min. 6. Field Trip to Outpatient Service Areas within the Institution

Part B: Community Agencies Serving the Mentally Retarded: 8 hours

Overview: This segment is an overview of goals and services of public and private community agencies for the mentally retarded remaining in the community. Presentations are made by invited representatives of local and regional agencies involved in these aspects of mental retardation. A lecture-discussion method is used primarily, augmented by handouts illustrating existing and recommended community services.

Purpose: To present information to the trainee on regional and local public and private agencies aiding the mentally retarded remaining in the community.

Content:

1 hr.	1.	Regional Chapter of the Association for Retarded Children: Goals and Services
1 hr.	2.	County Chapter of the Association for Retarded Children: Goals and Services
1 hr.	3.	County Department of Public Welfare: Goals and Services
30 min.	4.	State Department of Public Health Services: Goals and Services
1 hr.	5.	District Public Schools: Goals and Services
30 min.	6.	State Department of Vocational Rehabilitation: Goals and Services
1 hr.	7.	District Community Action Agencies: Goals and Services
1 hr.	8.	County Juvenile and Family Court: Goals and Services
1 hr.	9.	State Institution: Goals and Services
30 min.	10.	Discussion and Post-test for the Unit

SURVEY FOR UNIT X

The Institution and the Community

Please check		
YES	NO	DO NOT KNOW

1. Public residential institutions serve about half of the population of retarded persons in the country.
2. The institution is the only source of programs for the retarded person.
3. Institutions meet all needs of retarded people.
4. A wide range of professions is found in an institution.
5. An institution can provide only a few services to the community.
6. Community agencies provide programs for only the mildly retarded.
7. The majority of retarded people in this country are served in school programs.
8. Community programs for the retarded focus on young children and not on adults.
9. Public schools are in competition with other agencies serving the mentally retarded.
10. Communities in the state and nation are unconcerned about their mentally retarded citizens.

UNIT XI

SUPERVISORY SKILLS AND PRACTICES

XI. SUPERVISORY SKILLS AND PRACTICES: 8 hours

Part A: Institutional Structures and Practices: 2 hours

Overview: A lecture-discussion method is used in presenting this two-hour block of instruction. Organization charts of the South Carolina State Department of Mental Retardation, Whitten Village, and the Cottage, Medical, and Education and Training Departments at Whitten Village are used to illustrate departmental structures and functions in typical institutions for the mentally retarded.

Staff problems related to budget requests, population movement, admission procedures, and examples of typical forms and reports also are presented and discussed in an effort to effect better understanding of current institutional practices and the role of workers in mental retardation in alleviating problems arising from these practices.

Purpose: To introduce the trainee to organizational structures, procedures, and trends in institutions for the mentally retarded.

Objectives: Trainees will be expected to demonstrate knowledge of:

1. organizational systems pertaining to institutions for the mentally retarded
2. implications for particular areas of responsibility
3. problems in supervision

Content:

10 min. 1. Administration of Pre-test for the Unit

30 min. 2. Organization Structures in Institutions for the Mentally Retarded
   a. organizational structure of the South Carolina State Department of Mental Retardation (see Handout 1)
   b. Organizational structure of Whitten Village (see Handout 2)
   c. Whitten Village departmental structures and functions (see Handouts 3, 4, and 5)
   d. methods of increasing efficiency (see Handout 6)

30 min. 3. Budgetary Matters Related to Operation of Institutions
   a. obtaining funds
   b. departmental budget requests

c. route of budget requests through governmental agencies
d. allocating funds within an institution

30 min. 4. Population Movement and Admission Procedures
a. institutional population report as a reflection of internal and external population shifts and objectives (see Handout 7)
b. the determination of space allocation
c. procedures for applicant evaluation, classification, and disposition

20 min. 5. Summary of Current Institutional Practices

Part B: Role of the Supervisor: 3 hours

Overview: This block of instruction is a general one which applies to supervisory duties and skills in settings for the mentally retarded. A lecture-discussion approach is used, supplemented by handouts depicting certain points in the block of instruction.

Purpose: To present information on supervisory qualifications, requirements, and methods conducive to building effective employee-supervisor relationships.

Objectives: Trainees will be expected to demonstrate a knowledge of:

1. the art of leadership and how it ties in with the supervisor's job
2. methods of obtaining better performance from employees
3. how to recognize and solve supervisory problems

Content:

30 min. 1. The Supervisor's Job
   a. supervisor as manager
   b. basic objectives of management
   c. supervisor's responsibilities (see Handout 8)
   d. carrying out managerial responsibilities (see Handouts 9, 10, and 11)
   e. education and the supervisor
   f. help from others
   g. helpful factors for new supervisors
   h. supervisory pitfalls

30 min. 2. The Art of Leadership
   a. definition (see Handouts 12 and 13)
   b. ingredients for good leadership
   c. kinds of leadership
   d. knowledge required
   e. obstacles that keep employees from confiding in the supervisor
   f. inspiring confidence in subordinates
   g. tips for leaders

30 min. 3. Obtaining Better Performance from Employees
   a. types of morale problems
   b. what goes into good morale (see Handouts 14 and 15)
   c. judging present morale
   d. finding the real problem

30 min. 4. Successful Discipline of the Worker
   a. developing an approach
   b. prior preparation
   c. on-the-spot investigation
   d. considering all angles

30 min. 5. Working with Marginal Workers
   a. finding work he can do
   b. need for patience
   c. building a sense of satisfaction
   d. building a sense of security
   e. keeping the worker alert
   f. fostering group spirit

20 min. 6. Supervisory Problems
   a. poor record keeping
   b. silent objections
   c. trapping employees
   d. ignorance of rule changes
   e. favoritism
   f. avoiding responsibility

10 min. 7. Questions and Summary

Part C: Special Supervisory Skills and Practices: 3 hours

Overview: This part of the unit deals with special skills required by the managerial level worker in mental retardation. Emphasis is placed on disseminating information and preventing potential problems among employees. The approach in presenting this section is a lecture-discussion one.

Purpose: To present information on useful and functional supervisory skills and practices.

Objectives: Trainees will be expected to demonstrate an understanding and knowledge of:

1. how to hold productive meetings
2. how to spot and handle troublemakers
3. how to avoid major grievances by recognizing and acting upon routine gripes

Content:

50 min. 1. Holding Productive Meetings
   a. planning the meeting (see Handout 16)
   b. conducting the meeting
   c. exercising leadership
   d. preparation and planning of meetings

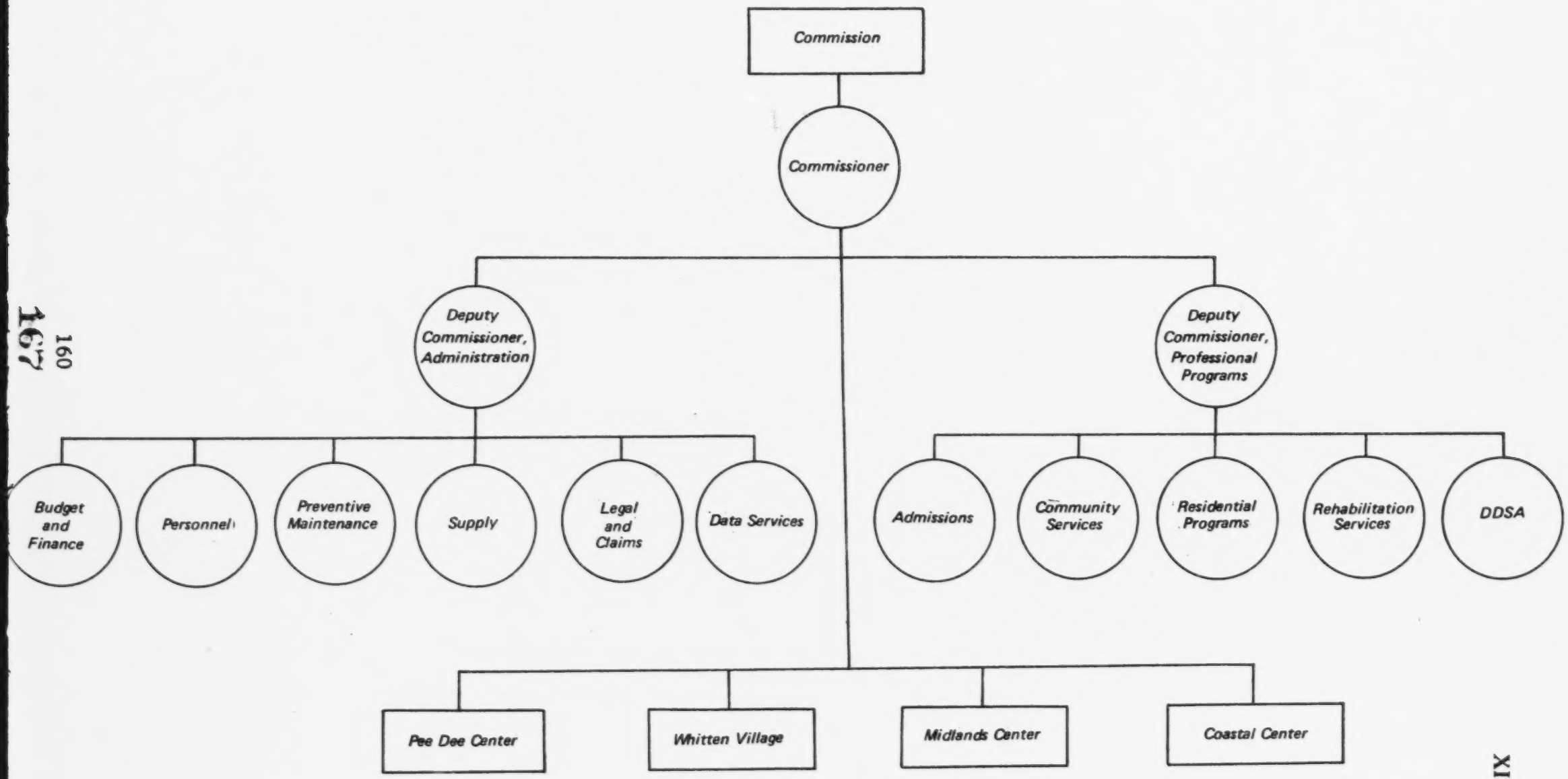
1 hr. 2. Spotting and Handling Troublemakers
   a. the talker
   b. the busybody
   c. the blameless employee
   d. the indifferent employee
   e. the lawyer type

40 min. 3. Handling Gripes and Avoiding Grievances
   a. sensing and acting immediately
   b. listening patiently
   c. getting all facts
   d. being fair
   e. making decisions
   f. following up on grievances
   g. anticipating grievances

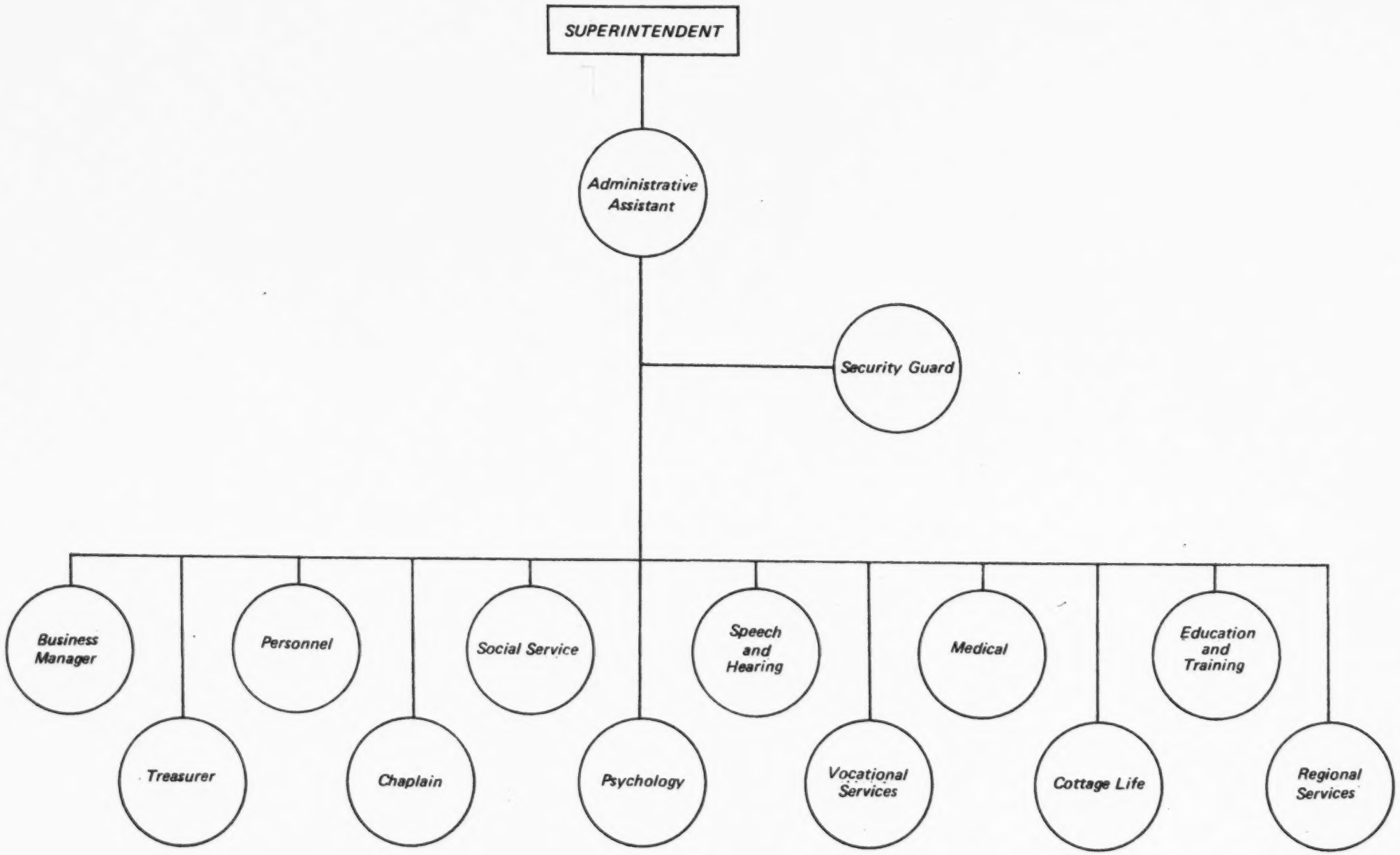
10 min. 4. Post-test for the Unit

20 min. 5. Questions and Summary

ORGANIZATIONAL CHART: SOUTH CAROLINA DEPARTMENT OF MENTAL RETARDATION



ORGANIZATIONAL CHART: WHITTEN VILLAGE



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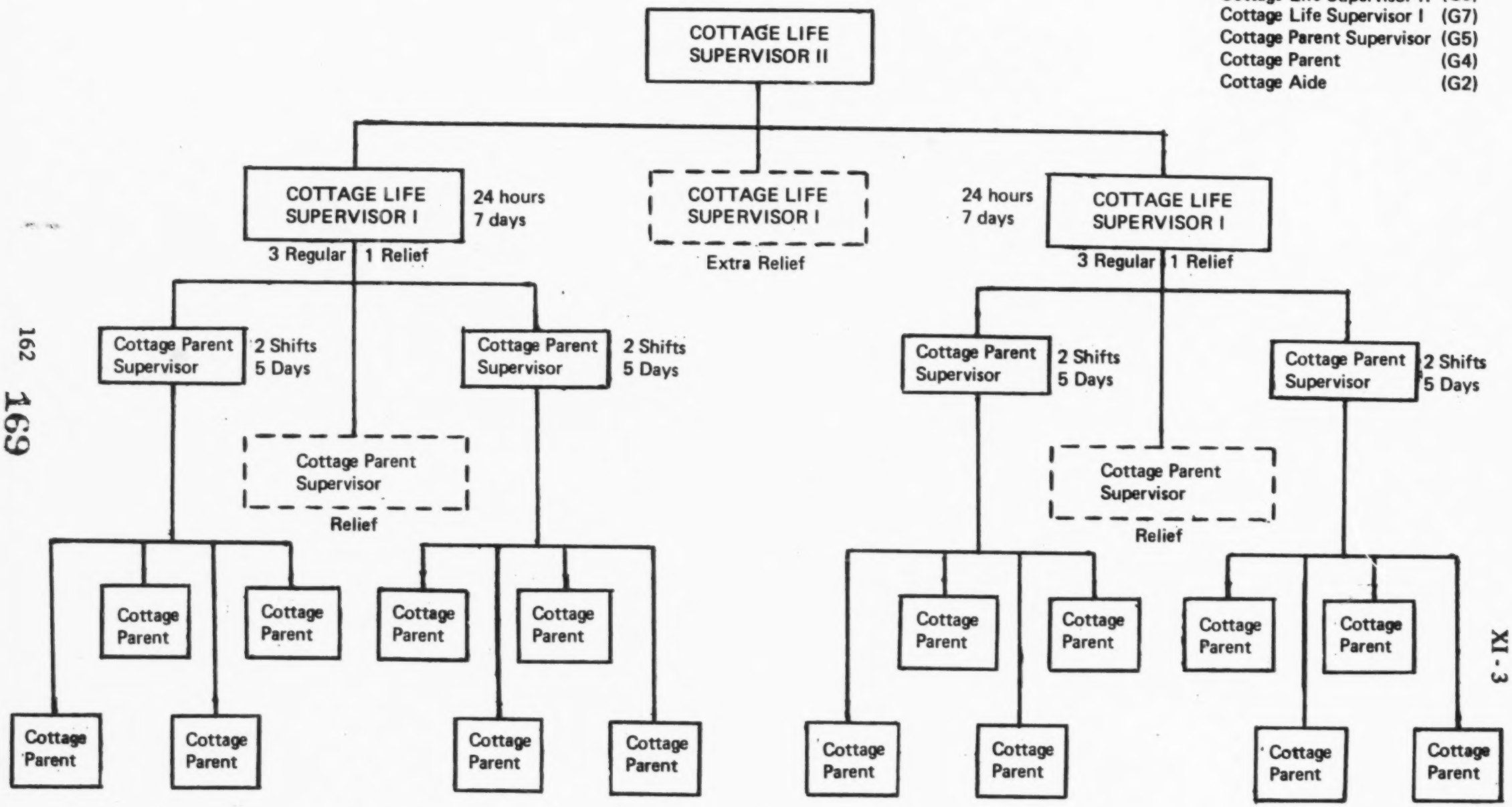
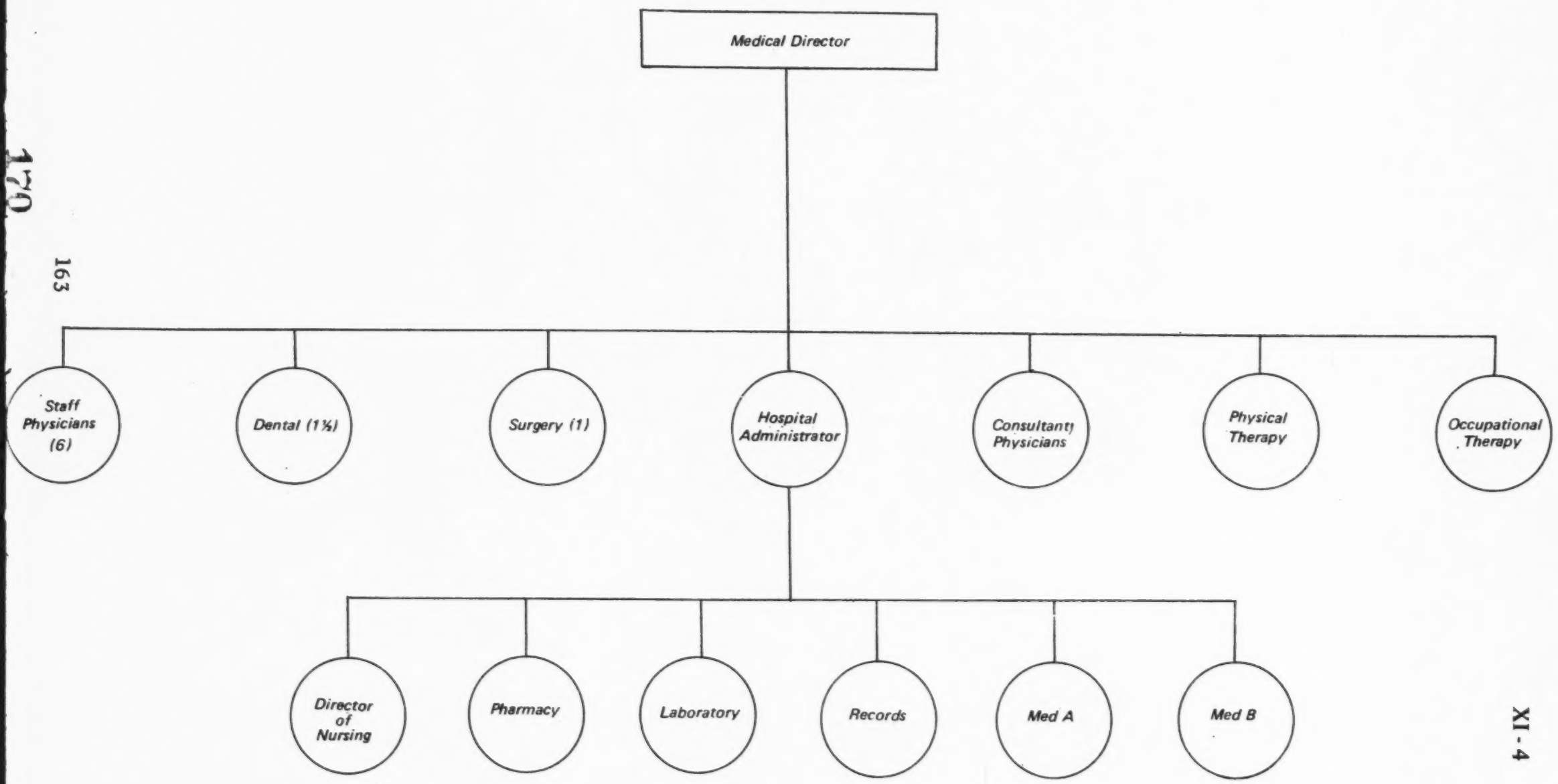
ORGANIZATION CHART: COTTAGE LIFE DEPARTMENT



EMPLOYEE CATEGORIES

Title	Rating
Cottage Life Supervisor II	(G9)
Cottage Life Supervisor I	(G7)
Cottage Parent Supervisor	(G5)
Cottage Parent	(G4)
Cottage Aide	(G2)

ORGANIZATIONAL CHART: MEDICAL DEPARTMENT



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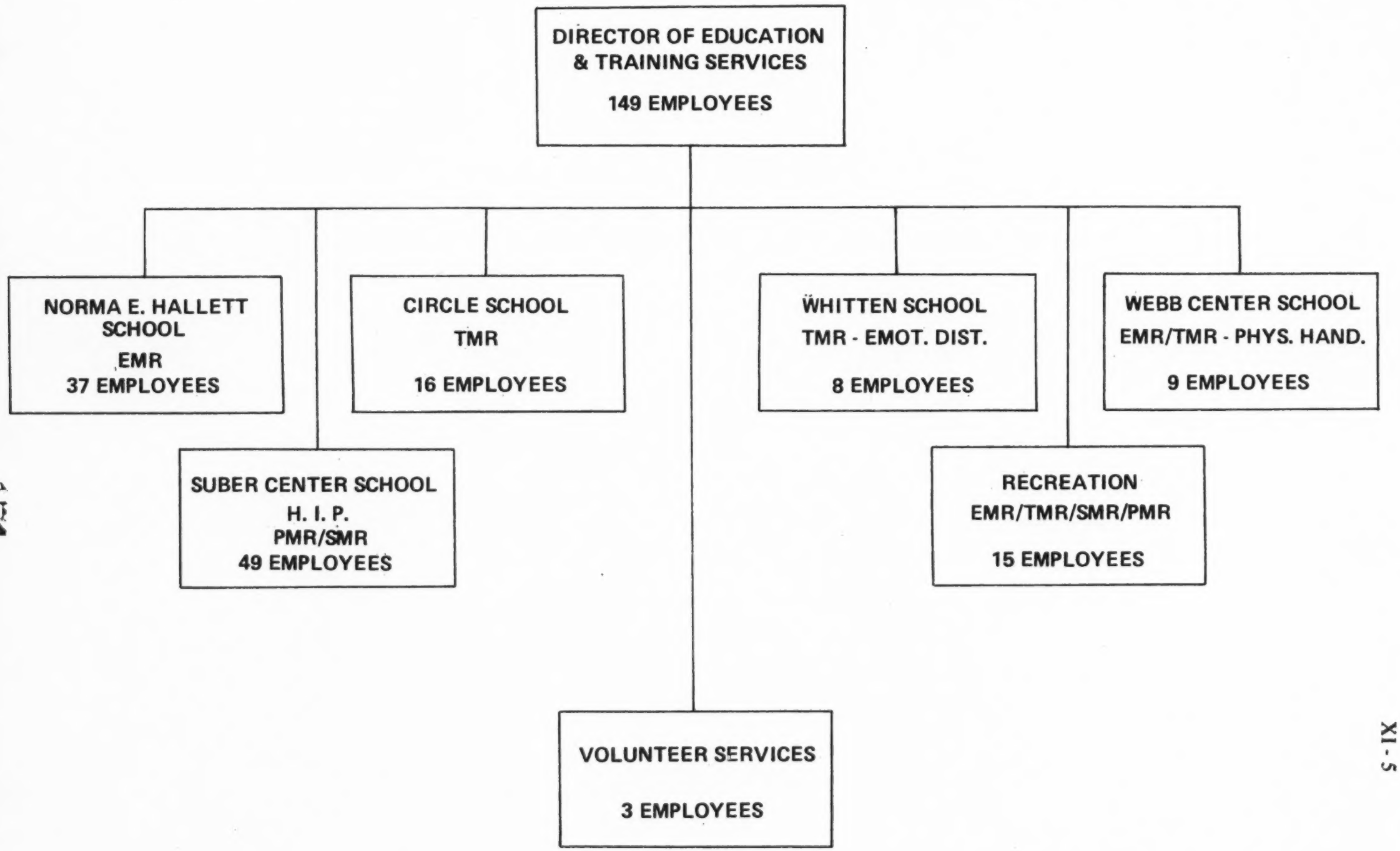
ORGANIZATIONAL CHART: EDUCATION AND TRAINING SERVICES



THE MANAGEMENT PROCESS

DEFINITION OF MANAGEMENT

A process of organizing and employing resources to accomplish predetermined objectives

THE OBJECTIVE OF MANAGEMENT

Is to develop and maintain highly efficient operations that accomplish the assigned objectives at the lowest cost

THE MANAGER

Primary responsibility of the manager is to see that his unit achieves its objective

THE SUPERVISOR

Has a dual responsibility:

(1) To management - advise and assist by seeing that his area (section of responsibility) contributes to the whole picture by meeting assigned objectives

(2) To the supervised - by seeing that they understand their job and agency policies, and receive recognition for work done - they expect you to support policy but they also expect you to support their interest

SOUTH CAROLINA DEPARTMENT OF MENTAL RETARDATION

RESIDENT POPULATION REPORT

Reporting Date: Month_____ Day_____ Year_____

	Name or Number of Building	Sex	Cottage Capacity (beds)	Cottage Enrollment (book population)		Resident Accounting				Openings for Admissions	Discharges	Deaths
					Present	*V	L	I	A		**	**
	TOTALS											

*V = Visit (up to 3 months)
L = Leave (3 months to 1 year)
I = Infirmary
A = AWOL

NOTE:
Use reverse side to explain why apparent openings are not to be filled.

**List names of deaths and discharges on reverse side.

Role of The Supervisor in Relation to the Supervised

Giving an opportunity to employees to demonstrate ability

Insuring employees understand their jobs

Understanding of employees' viewpoints

Giving an explanation of what is expected

Recognizing good work

Evaluating employee performance

Encouraging an employee to improve

Recognizing bad work

Establishing safe working conditions

Please rank the above Supervisor tasks in their order of importance with #1 being the most important, etc.

1.

2.

3.

4.

5.

6.

7.

8.

9.

HOW TO SUPERVISE

Earn Their Respect:

Be fair - Show genuine concern

Be A Salesman:

Your support for your objectives

Keep Informed:

Know policies - What is going on

Set An Example:

What you expect of others

Understand - Be Understood:

Communicate - Simply, accurately, clearly, specifically

Write - Simply, concisely, specifically

CASE STUDY:
THE MIDDLEMAN

You are Ted Raine. Ted is an Assistant Director of Cottage Life in a large institution for the emotionally disturbed. He has fifteen trained Building Supervisors that he is responsible for. Each Building Supervisor has a staff of twenty employees who handle the residents in that building. Mike Bender is a Building Supervisor who works for Ted Raine.

Mike Bender has been in his position for two and one half years and is one of five Building Supervisors who have received merit raises.

The Superintendent of the institution has just come into Ted's office to report that he observed Mike coming to work two hours late this morning and has in fact seen him leave at least an hour early on three separate occasions in the past two weeks. He wants to know what is going on.

Ted thanks the Superintendent for bringing this information to his attention and says he will investigate the situation fully and prepare a report. Then, as the middleman, what does Ted do?

1. Is this enough information? If not, what else does he need?
2. What must Ted do?
3. Whom should he see?
4. How should he proceed?
5. What constructive steps would you take if you were Ted?

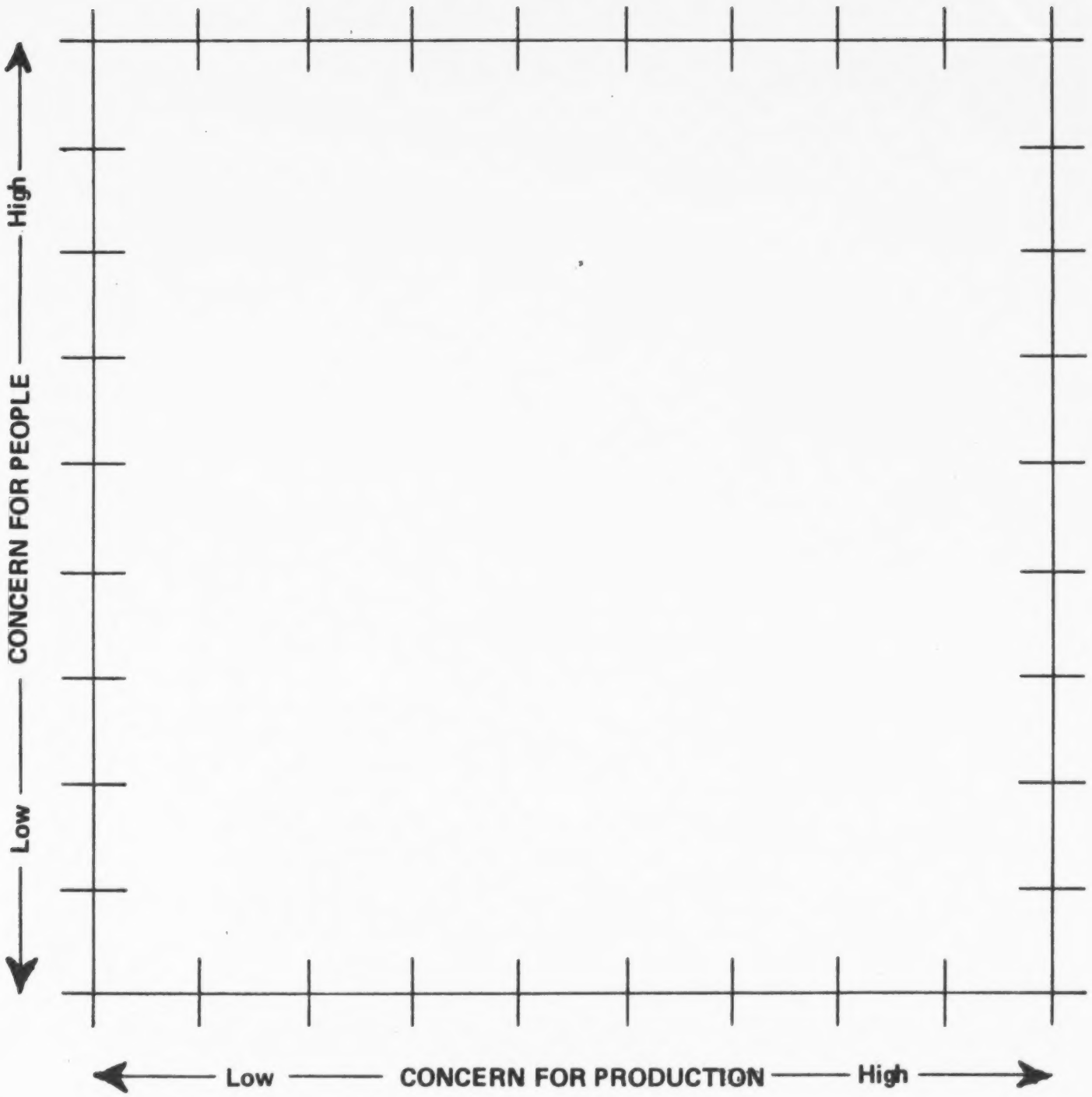
CASE STUDY:
COMMUNICATING WITH EMPLOYEES

You are Miss Bell. Miss Bell is a section supervisor in the Cottage Life Department in an institution for the emotionally disturbed. She is in charge of six cottages, each of which has ten employees.

The Director of Cottage Life tells Miss Bell that he has gotten several letters from families of residents complaining that personal items are being lost, and he wishes she would handle the matter since the losses are occurring in her area of responsibility.

1. Is this enough information?
2. If not, what additional information would you like to have?
3. Receiving this information, what constructive steps would you take?

THE MANAGERIAL GRID



ASPECTS OF THE MANAGEMENT GRID

A - MIDDLE OF THE ROAD PERFORMANCE

Adequate group performance is possible through balancing the necessity to get work out while maintaining reasonably good morale...

B - IMPOVERISHED PERFORMANCE

Exertion of minimum effort to get required work done is appropriate to sustain group membership...

C - TASK MANAGEMENT

Efficiency in operations results from arranging conditions of work in such a way that human elements interfere to a minimum...

D - TEAM MANAGEMENT

Work accomplished is from committed people: interdependence through a "common stake" in organization purpose leads to relationships of trust and respect...

E - COUNTRY CLUB ATMOSPHERE

Thoughtful attention to needs of people for satisfying relationships leads to a comfortable friendly group atmosphere and work tempo...

ATTITUDE AND MORALE FACTORS IN SUPERVISION

Good wages

Full appreciation for work done

Tactful discipline

Interesting work

Job security

Sympathetic help on personal problems

Personal loyalty to workers

Promotion and growth in company

Feeling "in" on things

Good working conditions

Please rank the above morale factors in their order of importance with #1 being the most important and #10 least important.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

HINTS FOR SUPERVISORS

FUNDAMENTALS OF ORGANIZATION

--Unity of command (One boss)
--Span of control (Too many? Too few?)
--Logical assignment (Specific and similar)
--Delegation of authority (Authority with responsibility)

BASIC NEEDS OF EMPLOYEES

--Recognition (Appraise individually)
--Opportunity (Chance to show worth and to advance)
--Security (Proper placement and training)
--Belonging (Accepted by group and organization)

GOOD HUMAN RELATIONS

--Let each employee know where he stands (Periodically discuss evaluations)
--Give credit when due (Commensurate with accomplishments)
--Inform employees in advance of changes (Informed employees are more effective)
--Get employee's participation (Participation encourages cooperation)
--Gain employee's confidence (Earn loyalty and trust)

PROBLEM SOLVING

--Define the problem (Is the problem clearly defined?)
--Establish objectives (What do you want to accomplish?)
--Get the facts (Get the whole story.)
--Weigh and decide (Don't jump to conclusions.)
--Take action (Don't pass the buck.)
--Evaluate action (Were your objectives accomplished?)

DETERMINE PERFORMANCE STANDARD

--Select task (Doing part of job)
--Determine tentative requirements (Quality, quantity, and manner of performance)
--Discuss with persons concerned (Employees, supervisors, and other superiors)
--Check existing requirements (Management, data, agency required)
--Make final determination (Consider all factors.)
--Secure employee understanding (Agreement is desired.)

HINTS FOR SUPERVISORS (cont'd)

HOW TO TAKE CORRECTIVE ACTION

--Do when calm (Hold your temper)
--Do in private (Boss and employee)
--Do when deserved (Straightforward)
--Make use of all facts (Don't mince words)
--Permit employee to explain (Listen to his point of view)
--Offer encouragement (Stimulate improvement)
--Leave him anxious to improve (Will to do better)

CHECK LIST FOR CONFERENCE PREPARATION AND PLANNING

HAVE YOU	YES	NO
1. Fixed in your mind the objectives to be attained through the conference discussion?	___	___
2. Secured and prepared the necessary conference aids:		
(a) Charts ready?	___	___
(b) Case studies prepared?	___	___
(c) Check sheets to be distributed ready in sufficient quantities?	___	___
(d) Demonstrations predetermined?	___	___
(e) All special materials obtained?	___	___
(f) Films to be used previewed and a plan made for their use?	___	___
3. Prepared your opening talk?	___	___
4. Carefully studied your conference outline?	___	___
(a) Determined the important points to be emphasized?	___	___
(b) Considered anticipated responses and group reactions?	___	___
(c) Determined points at which quick summaries will be made?	___	___
(d) Considered experiences and stories to be used for emphasis?	___	___
(e) Determined ways and means of getting conferee participation, stimulating thinking and creating interest?	___	___
(f) Considered what the summary of the group's thinking might be?	___	___
5. Planned carefully to be sure adequate time has been allotted?	___	___
6. Notified everyone concerned of time and place of meeting?	___	___
7. Checked physical requirements for conducting meeting?		
(a) Blackboard or chart paper available?	___	___
(b) Seating arrangement conforms to good conference procedure?	___	___
(c) Facilities for showing films in readiness?	___	___
(d) Ash trays provided if smoking is permissible?	___	___
(e) Chalk, crayon, scotch tape, thumb tacks, erasers, paper, pencils, etc., on hand?	___	___
(f) Ventilation, heat, and light adequate?	___	___

SURVEY FOR UNIT XI

Supervisory Skills and Practices

Please check		
YES	NO	DO NOT KNOW

1. Supervisors have the major responsibility for encouraging employees to do good work.
2. Supervisors must make frequent checks to see that employees do their job.
3. Supervisors must insure that each employee has an opportunity to accept responsibility.
4. Supervisors must give explanations of what is expected in a job.
5. Supervisors must insure that employees understand their jobs.
6. A supervisor must be able to recognize good work.
7. The superintendent should not make frequent visits to a supervisor's area.
8. The supervisor should furnish information needed by a department head to manage the department.
9. The supervisor should report to the department head all information about his dealings with employees.
10. The supervisor should expect the department head to give him instructions on the job to be done.

UNIT XII

PROGRAM SUMMARY AND CONCLUSION

XII. PROGRAM SUMMARY AND CONCLUSION: 4 hours

Overview: A post-course questionnaire is administered at the beginning of the first session of this unit. In order to provide closure for the trainee, a review of major instructional topics and inservice activities is made. Information related to behavioral management; supervisory skills and practices; and community, institutional, and state services for the mentally retarded is stressed. In addition, trainees will be asked to critically review the training program.

Purpose: To provide trainees with an overall review of the topics and activities of the training program and an opportunity to critically review program procedures.

Objectives: During the review sessions, trainees will be expected to:

1. demonstrate knowledge of the major instructional aspects of the program
2. discuss probable gains as a result of the program
3. critically review the program

Content:

20 min. 1. Post-Course Questionnaire

2 hr. 2. Review of Major Aspects of the Program
   a. communication skills and staff relationships
   b. treatment, training, and therapy expectations and procedures
   c. community practices
   d. institutional practices
   e. organizational structures in mental retardation

40 min. 3. Anticipated Program Products
   a. gains to trainees
   b. gains to education and training agencies
   c. gains to the mentally retarded

1 hr. 4. Critical Discussion of Program Procedures

POST-COURSE QUESTIONNAIRE

Paraprofessional Training Program in Mental Retardation

Directions: You are being asked the following questions to find out what you gained from the program and to help us improve it in the future. There are no right or wrong answers, so answer the questions in the way you feel they should be answered. No names, please.

Check One		
YES	NO	DO NOT KNOW

1. I think classroom demonstrations were used effectively.
2. People have a tendency to expect retarded children to learn more than they are capable of.
3. I gained a clearer understanding of the possibilities for advancement in the field of retardation.
4. I felt at ease to ask questions most of the time.
5. I gained some understanding of how retarded children learn.
6. This program has increased my chances for receiving a better job.
7. I gained a clearer understanding of my own interests and abilities in the field of retardation.
8. I enjoyed hearing many different people speak during the term.
9. I gained some understanding of what to expect from retarded children.
10. Instructors seemed to understand the real day-to-day problems of working with retarded children.
11. I learned more about possibilities for further professional training.
12. I learned more on the job than I did in the classroom.
13. I learned some important skills which would help me in a supervisor's position.

YES	NO	DO NOT KNOW

14. I was most interested in facts which relate directly to my job.

15. I improved my ability to work with retarded children by attending this program.

16. I have a good understanding of the causes of retardation at this point.

17. The instructors did most of the talking in the program.

18. My friends have asked how they could get into a program like this one.

19. My ability to make myself understood by other people has definitely improved because of the program.

20. I feel that I could be a good teacher's aide in a public school classroom for mentally retarded students because of the training I have received.

21. The program should have lasted longer than it did.

22. I felt that tests were given often enough and that they were fair.

23. The class was the right size--just enough people but not too many.

24. I feel equally prepared by the program to work in an institution or in a community program.

25. Making it through the program means a whole lot to me.

APPENDICES

APPENDIX A

List of the Presbyterian College-Whitten Village Program Staff

Administration

Wade C. Wieters, Director
F. Vinton Smith, Jr., Assistant Director
Jo S. Brown, Secretary

Evaluation

E. Buford Kesler
Ada Sue Allen

Instruction

Lou Abrams
Patricia Andrews
Ada Sue Allen
Grace Amick
Sydney Ayer, Jr.
Ben Barbour, Coordinator
Tony Benson
Grace L. Blanton
James S. Boozer
Dorothy P. Brandt
W. C. Burke
Barbara Creel
Stephen R. DuBose, Coordinator
J. Dominie Ferguson
Robert Fletcher, Coordinator
Mary Ginn
Louis L. Hajtmanszky
Joel M. Hollis
Nancy G. Hutson
Clarice Johnson
Arthur Katzberg
E. Buford Kesler, Jr.
C. Terry Lane, Coordinator
Fleetwood Lilley
J. W. May, Coordinator
Audry B. McCrosky, Jr.
Wilson McKittrick, Coordinator
Elaine Moore, Coordinator
David Moorefield
Jack R. Pressau, Coordinator
Russell G. Rice, Jr., Coordinator
P. W. Rogers, Jr., Coordinator
F. Vinton Smith, Jr., Coordinator
Francis V. Smith, Sr.
Linda Spencer
Ann B. Stidham
Roy B. Suber
William B. Timmerman
F. F. Thompson
Wade C. Wieters

APPENDIX B

List of Texts Purchased for Distribution to Trainees

Text	Publisher	Unit Cost
A Manual for Parents and Teachers of Severely and Moderately Retarded Children (L. A. Larsen and W. A. Bricker)	Institute on Mental Retardation and Intellectual Development, Peabody College	$2.00
An Orientation to Mental Retardation (P. J. Flanigan et al.)	Charles C. Thomas	$9.50*
Between Parent and Child (H. G. Ginott)	Avon Publishers	$1.25*
Born That Way (E. R. Carlson)	John Day Company	$4.95*
Mental Retardation: A Handbook for the Primary Physician (K. Covert, Ed.)	American Medical Association	$ .30
Recreation and Physical Activities for the Mentally Retarded (CEC)	Council for Exceptional Children	$2.50*
Teaching the Mentally Retarded: A Handbook for Ward Personnel (G. Bensberg, Ed.)	Southern Regional Education Board (130 Sixth Street, Atlanta, Georgia 30313)	$3.00

*Discount for multiple copies available